#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 7,905

AID CODE 10

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED

							M	ONT	HLY AVERA	GE	
69 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVE	RAGE COST			COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	3,813	16,596	\$	875,209.53	\$	52.74	240.522	\$	229.53	\$	12684.20
@PHYSICIANS SERVICES	17	60	\$	1,270.45	\$	21.17	.870	\$		\$	18.41
OUTPATIENT VISITS	2	2	·	74.90	·	37.45	.029		37.45		1.09
OFFICE VISITS	1			30.30		30.30	.014		30.30		. 44
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	1	1		44.60		44.60	.014		44.60		.65
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	3	6									
INPATIENT VISITS				227.90		37.98	.087		75.97		3.30
HOSPITAL VISITS	3	6		227.90		37.98	.087		75.97		3.30
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	14	52		967.65		18.61	.754		69.12		14.02
	528		\$		\$	23.50		ċ		ċ	
@PHARMACY		4,055	Ą	95,296.10	Ą		58.768	Þ	180.49	Þ	1381.10
PRESCRIPTION DRUGS	524	768		94,648.15		123.24	11.130		180.63		1371.71
SNF/ICF	95	155		17,760.46		114.58	2.246		186.95		257.40
OUTPATIENTS	430	613		76,887.69		125.43	8.884		178.81		1114.31
MEDICAL SUPPLIES	7	3,287		647.95		.20	47.638		92.56		9.39
@DENTIST	1,330	5,655	\$	306,269.70	\$	54.16	81.957	\$		\$	4438.69
VISITS - DIAGNOSTIC	835	3,266		40,661.16		12.45	47.333		48.70		589.29
ORAL SURGERY	224	688		34 , 988.34		50.86	9.971		156.20		507.08
DRUGS	1	1		15.00		15.00	.014		15.00		.22
ANESTHESIA	17	18		1,611.00		89.50	.261		94.76		23.35
PERIODONTICS	86	85		14,660.00		172.47	1.232		170.47		212.46
ENDODONTICS	55	70		15,799.00		225.70	1.014		287.25		228.97
RESTORATIVE DENTISTRY	298	831		76,593.00		92.17	12.043		257.02		1110.04
PROSTHETICS	6	7		200.00		28.57	.101		33.33		2.90
DENTURES, STAYPLATES	282	673		121,642.20		180.75	9.754		431.36		1762.93
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		100.00		100.00	.014		100.00		1.45
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	15	15		.00		.00	.217		.00		.00
VIII OIUEV SEVAICES	13	13		.00		.00	• ∠ ⊥ /		.00		.00

MOP024 FEE-FOR-SERVICE/DENTAL

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,906

MOPU24

MONTEREY COUNTY

SUMMARY OF SERVICES FOR CASH GRANT - AGED

70 -	TD	CODE	1 0

01/17/03

----- MONTHLY AVERAGE -----69 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE 227.93 \$ 22.79 .145 \$ 45.59 \$ 3.30 OR DAYS OF CARE 10 \$ @OPTOMETRIST 10.00 149.03 DIAGNOSTIC AND ANC. PROCED .014 10.00 1 1 10.00 . 14 3 1 0 EYE APPLIANCES 2.16 OTHER OPTOMETRIC SERVICES 68.90 1.00 @CHIROPRACTOR Ο .00 \$. 00 Λ VISITS 0
OTHER SERVICES 0
PODIATRIST 0
MEDICINE/INJECTIONS 0
SURGERY/ANES. 0
RADIO./PATHOLOGY 0
OTHER 0
HOME HEALTH AGENCY 0
NURSE ANESTHESIST 0
NURSE MIDWIFE DEPARTMENTS 0 0 .00 . 00 VISITS 0 .00 . 00 0 .00 \$ @PODIATRIST .00 .00 .00 .00 | Composition | 0 .00 0.0 0 .00 . 00 C HOSPITALS
ON-HSC HOSPITALS TOTAL
ACCOMMODATIONS
ADMINISTRATIVE DAYS
O
TRANSITIONAL IP CARE
O
ALL OTHER ACCOM
O
ANCILLARIES
O
COOSSOVERS
O
O
O
O
O .00 .00 .00 .00 .00 3.93 INPATIENT CROSSOVERS ALL OTHER INPATIENT .00 CO HOSP OUTPATIENT TOTAL 0 .00 MEDICAL 0 .00 SURGERY .00 PATHOLOGY .00

RADIOLOGY 0 0 .00 .00 .000 .00 .00 .000 0 0 .00 .00 .00 ROOM USE .00 .000 0 0 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPTNT PAGE 7,907 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 1

FEE-FOR-SERVICE/DENTAL

MOP024

MONTEREY COUNTY	SUMMARY OF SERVICE	ES FOR CASH GRA	- TNA	AGED	AID CODE	10			
				-		MON'	THLY AVERA	GE	
69 ELIGIBLES	USERS UI	NITS OF SERVICE		EXPENDITURES	AVERAGE COST			-	COST PER
03 221012220		OR DAYS OF CARE		2111 2113 1 1 0 1 1 2 2	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	7	70	\$	10,363.28	\$ 148.05		1480.47		
COMM HOSP INPATIENT TOTAL	5	68	т	9,809.37	144.26	.986	1961.87	-	142.16
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	Ö	0		46.17CR	.00	.000	.00		.67CR
ACCOMMODATIONS	0	0		44.79CR	.00	.000	.00		.65CR
ADMINISTRATIVE DAYS	0	0		44.79CR		.000	.00		.65CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		1.38CR		.000	.00		.02CR
INPATIENT CROSSOVERS	5	68		9,855.54	144.93	.986	1971.11		142.83
	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	2		553.91	276.96	.029	276.96		8.03
COMM HOSP OUTPATIENT TOTAL	0	0		8.79					
MEDICAL	0	0			.00	.000	.00		.13
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY				8.64	.00	.000	.00		.13
RADIOLOGY	0	0		46.66	.00	.000	.00		.68
ROOM USE	Ü	0		10.88	.00	.000	.00		.16
CROSSOVERS/ALL OTH OUTPTNT	2	2		478.94	239.47	.029	239.47		6.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	2	31	\$	3 , 829.07	\$ 123.52	·	1914.54	\$	55.49
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	2	31		3,829.07	123.52	.449	1914.54		55.49
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	1	2CR	\$	2,386.86	\$ 1193.43CR	.029CR\$	2386.86	\$	34.59
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	1	2CR		2,386.86	1193.43CR	.029CR	2386.86		34.59
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	3CR	\$	10.22CR		.043CR\$.00	\$.15CR
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	3CR		10.22CR	3.41	.043CR	.00		.15CR
@ORGANIZED OUTPATIENT CLINIC	768	1,096	\$	87,238.43	\$ 79.60	15.884 \$	113.59	\$	1264.33
CLINIC	0	0	т	.00	.00	.000	.00	-	.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	768	1,096		87,238.43	79.60	15.884	113.59		1264.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	•	ES MON					D	AGE 7,908
"CTTTE DELI OF HEVITH SEKA	THE CHI SHIVICES	TALL TALL TINDITORE	70 MOI	VIII OF TAIMBINI KEI	LOME FOR UMN 2	LOUZ IIINO DEN		Ľ	1,000

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

							MC	ONTH	HLY AVERA	.GE -	
69 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	5 (COST PER	(COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	1,342	5,612	\$	363,366.87	\$	64.75	81.333	\$	270.77	\$	5266.19
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	9		152.93		16.99	.130		152.93		2.22
AMBULANCES/AIR TRANS	1	9		152.93		16.99	.130		152.93		2.22
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	79	1,075		71,672.19		66.67	15.580		907.24		1038.73
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	652	2,949		273,717.17		92.82	42.739		419.81		3966.92
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	643	1,377		17,204.24		12.49	19.957		26.76		249.34
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	2	3		29.49		9.83	.043		14.75		.43
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	4	199		590.85		2.97	2.884		147.71		8.56
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00		\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	28	57	\$	14,772.57	\$	259.17	.826	\$	527.59	\$	214.10

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MONTEREY COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,909
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						MON	ITHLY AVERA	GE
08 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	447	5 , 302	\$	203,224.17	\$ 38.33	662.750	454.64	\$ 25403.02
@PHYSICIANS SERVICES	34	61	\$	4,164.70	\$ 68.27	7.625	122.49	\$ 520.59
OUTPATIENT VISITS	18	20		1,386.40	69.32	2.500	77.02	173.30
OFFICE VISITS	8	8		767.70	95.96	1.000	95.96	95.96
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3		186.93	62.31	.375	62.31	23.37
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9		431.77	47.97	1.125	53.97	53.97
INPATIENT VISITS	1	1		111.56	111.56	.125	111.56	13.95
HOSPITAL VISITS	1	1		111.56	111.56	.125	111.56	13.95
CRITICAL CARE	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	376.30	62.72	.750	62.72	47.04
EXAMINATIONS	6	6	376.30	62.72	.750	62.72	47.04
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	9	186.46	20.72	1.125	186.46	23.31
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	186.46	20.72	1.125	186.46	23.31
OUTPATIENT SURGERY	5	9	1,700.89	188.99	1.125	340.18	212.61
PRINCIPAL SURGEON	4	7	1,573.27	224.75	.875	393.32	196.66
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	127.62	63.81	.250	127.62	15.95
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	23.21	23.21	.125	23.21	2.90
RADIOLOGY	6	9	60.45	6.72	1.125	10.08	7.56
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	6	319.43	53.24	.750	79.86	39.93
@ PHARMACY	163	2,370	\$ 66,381.36	\$ 28.01	296.250	\$ 407.25	\$ 8297.67
PRESCRIPTION DRUGS	144	245	58,720.38	239.68	30.625	407.78	7340.05
SNF/ICF	2	2	38.15	19.08	.250	19.08	4.77
OUTPATIENTS	144	243	58,682.23	241.49	30.375	407.52	7335.28
MEDICAL SUPPLIES	39	2,125	7,660.98	3.61	265.625	196.44	957.62
@DENTIST	91	425	\$ 16,756.94	\$ 39.43	53.125	\$ 184.14	\$ 2094.62
VISITS - DIAGNOSTIC	67	274	3,847.34	14.04	34.250	57.42	480.92
ORAL SURGERY	13	28	1,198.00	42.79	3.500	92.15	149.75
DRUGS	4	6	150.00	25.00	.750	37.50	18.75
ANESTHESIA	5	4	100.00	25.00	.500	20.00	12.50
PERIODONTICS	4	5	1,000.00	200.00	.625	250.00	125.00
ENDODONTICS	2	2	286.00	143.00	.250	143.00	35.75
RESTORATIVE DENTISTRY	18	70	4,087.00	58.39	8.750	227.06	510.88
PROSTHETICS	1	1	30.00	30.00	.125	30.00	3.75

DENTURES, STAYPLATES	9	32	6,023.60	188.24	4.000	669.29	752.95
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.125	35.00	4.38
ALL OTHER SERVICES	2	2	.00	.00	.250	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	C 2002	PAGE 7,910
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- BLIND	AID CODE	20		

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR CASH G	RAN'I' -	- BLIND		AID CODE	20				
							M	ONT	HLY AVERA	GΕ	
08 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	2	4	\$	97.91	Ś	24.48	.500		48.96	Ċ	12.24
•	0		Ÿ		Ą			۲		ې	
DIAGNOSTIC AND ANC. PROCED		0		.00		.00	.000		.00		.00
EYE APPLIANCES	2	4		97.91		24.48	.500		48.96		12.24
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	Ś	.00	.000	Ċ	.00	Ċ	.00
• •	0	0	Y		Y			Y		Y	
MEDICINE/INJECTIONS	0	U		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	14	1,704	\$	50,583.89	\$	29.69	213.000	Ś	3613.14	\$	6322.99
NURSE ANESTHESIST	0	_, 0	\$.00	Ś	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	Ċ	.00	.000	\$.00	Ś	.00
	•	0	÷		\$.00				\$.00
PEDIATRIC NURSE PRACTITIONER	•		Þ	.00				\$.00		
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	28	106	\$	7,773.18	\$	73.33	13.250	\$	277.61	\$	971.65
HOSP INPATIENT TOTAL	2	8		4,606.26		575.78	1.000		2303.13		575.78
HSC HOSPITALS	1	7		2,122.40		303.20	.875		2122.40		265.30
NON-HSC HOSPITAL TOTAL	1	1		2,483.86		2483.86	.125		2483.86		310.48
ACCOMMODATIONS	1	1		782.59		782.59	.125		782.59		97.82
ADMINISTRATIVE DAYS	0	0		6.74		.00	.000		.00		.84
	0										
TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		775.85		775.85	.125		775.85		96.98
ANCILLARIES	1	0		1,701.27		.00	.000		1701.27		212.66
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	26	98		3,166.92		32.32	12.250		121.80		395.87
MEDICAL	7	8		594.10		74.26	1.000		84.87		74.26
SURGERY	1	1		120.18		120.18	.125		120.18		15.02
	1										
PATHOLOGY	6	34		702.10		20.65	4.250		117.02		87.76
RADIOLOGY	5	7		354.37		50.62	.875		70.87		44.30
ROOM USE	19	23		738.46		32.11	2.875		38.87		92.31
CROSSOVERS/ALL OTH OUTPTNT	9	25		657.71		26.31	3.125		73.08		82.21
@COUNTY HOSPITAL TOTAL	1	1	\$	38.62	\$	38.62	.125	\$	38.62	\$	4.83
CO HOSPITAL INPATIENT TOTAL	0	0	'	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
	0	0									
NON-HSC HOSPITALS TOTAL	•			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
111.01111111110	· ·	9		• 0 0		• • • •	• 0 0 0		• 5 0		• • • •

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	38.62	38.62	.125	38.62	4.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.99	35.99	.125	35.99	4.50
CROSSOVERS/ALL OTH OUTPINT	0	0	2.63	.00	.000	.00	.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE 7,911
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR CASH GRANT	- BLIND	AID CODE	E 20		
					MOI	NTHLY AVERA	GE
08 ELIGIBLES	USERS I	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER

MONIENEI COONII	SOPPART OF SERV	ICES FOR	CASII GIV	71 A T	DHIND		AID CODE	20	○37 FF		CΠ.	
00 =======								M			ŒĔ	
08 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS	OF CARE					PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27		105	\$	7,734.56	\$	73.66	13.125	\$	286.47	\$	966.82
COMM HOSP INPATIENT TOTAL	2		8		4,606.26		575.78	1.000		2303.13		575.78
HSC HOSPITALS	1		7		2,122.40		303.20	.875		2122.40		265.30
NON-HSC HOSPITALS TOTAL	1		1		2,483.86		2483.86	.125		2483.86		310.48
ACCOMMODATIONS	1		1		782.59		782.59	.125		782.59		97.82
ADMINISTRATIVE DAYS	0		0		6.74		.00	.000		.00		.84
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		1		775.85		775.85	.125		775.85		96.98
ANCILLARIES	1		0		1,701.27		.00	.000		1701.27		212.66
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	25		97		3,128.30		32.25	12.125		125.13		391.04
MEDICAL	7		8		594.10		74.26	1.000		84.87		74.26
SURGERY	1		1		120.18		120.18	.125		120.18		15.02
PATHOLOGY	6		34		702.10		20.65	4.250		117.02		87.76
RADIOLOGY	5		7		354.37		50.62	.875		70.87		44.30
ROOM USE	18		22		702.47		31.93	2.750		39.03		87.81
CROSSOVERS/ALL OTH OUTPINT	9		25		655.08		26.20	3.125		72.79		81.89
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0		Ō	'	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0		0	'	.00		.00	.000		.00		.00
LEV B-REHAB MD	0		Ō		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		Ö		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0		0	7	.00	-T	.00	.000	7	.00	7	.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		Ö		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		Ö	\$	8,895.87	\$.00	.000	Ś	.00	Ś	1111.98
HOSPITAL BASED	0		Ö	т	.00	Ψ	.00	.000	Τ.	.00	т	.00
HEMODIALYSIS CENTER	0		0		8,895.87		.00	.000		.00		1111.98
@REHABILITATION FACILITY	1		3	\$	133.52	\$	44.51	.375	Ś		Ś	16.69
HOSPITAL BASED	1		3	т	133.52	Ψ	44.51	.375	Τ.	133.52	т	16.69
INDEPENDENT FACILITY	0		3 0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2		2	\$	47.56	\$	23.78	.250	Ś		Ś	5.95
PATHOLOGY	2		2	4	47.56	Y	23.78	.250	Y	23.78	Y	5.95
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
VO UND OTHERS	U		J		.00		.00	.000		. 00		.00

@ORGANIZED OUTPATIENT CLINIC	134	197	\$	14,564.82	\$	73.93	24.625	\$ 108.6	9 \$ 1820.60
CLINIC	1	2		224.00		112.00	.250	224.0	0 28.00
SURGICENTER	0	0		.00		.00	.000	. 0	0 .00
HEROIN DETOX CLINIC	0	0		0.0		0.0	000	0	0 00
DIDAT HEATTH CLIMIC	133	105		14,564.82 224.00 .00 .00 14,340.82		73 54	24 375	107.8	3 1792 60
CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV	MEDI CAI CEDUIC	EC AND EXPENDIA	TIDEC M	TH, JHU. OZ	ים	/ J.J.	ו זומנוש בחחב	TO7.0	DACE 7 012
#CALIF DEPI OF REALIR SERV	MEDI-CAL SERVIC	CO AND EXPENDIT	ORES M	JNIH-OF-PAIMENI R	LPUR	I FOR JAN A	2002 1880 1	DEC 2002	PAGE /,912
MOP024 MONTEREY COUNTY	FEE-FOR-SERVICE	/ DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT ·	- BLIND		AID CODE	20		
							MC	ONTHLY AVE	RAGE
08 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV:	ERAGE COST	UNITS/DAYS	COST PE	R COST PER
		OR DAYS OF CA	RE		PE:	R UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	65	430	\$	33,824.42	\$	78.66	53.750	\$ 520.3	8 \$ 4228.05
DURABLE MED EQUIP	9	35	•	11.290 98	·	322 60	4 375	1254 5	5 1411 37
BIOOD BANK	0	0		11,230.30		00	000	1201.0	0 00
HEADING AID DICDENCEDS	0	0		.00		.00	.000	. 0	0 .00
MEDICAL MDANGROPHATION	0	0		.00		.00	.000	. 0	0 .00
MEDICAL TRANSPORTATION	U	Ü		.00		.00	.000	. 0	0 .00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	. 0	0 .00
OTHER TRANS	0	0		.00		.00	.000	.0	0 .00
OTHER SERVICES	0	0		.00		.00	.000	.0	0 .00
ACUPUNCTURE	0	0		.00		.00	.000	.0	0 .00
ADULT DAY HEALTH CARE CTR	7	92		6,121.68		66.54	11.500	874.5	3 765.21
GENETIC DISEASE TESTING	0	0		.00		- 00	.000	. 0	0 .00
THMC MODEL-NE NE AIDS MSSP	27	224		14 319 79		63 93	28 000	530 3	6 1789 97
OCCUDATIONAL THEDADIST		221		11,313.73		00.99	000	000.0	0 100.00
ODTICIAN	15	3.5		497 52		1 / 21	1 275	22 1	7 62 10
OFITCIAN	13	33		497.52		14.21	4.373	33.1	02.19
PHISICAL INERAPISI	0	0		.00		.00	.000	. 0	0 .00
PORTABLE X-RAY	U	U		.00		.00	.000	.0	.00
PROSTHETIST/ORTHOTISTS	2	20		1,397.41		69.87	2.500	698./	1 1/4.68
PROSTHETICS	2	20		1,397.41		69.87	2.500	698.7	1 174.68
ORTHOTICS	0	0		.00		.00	.000	.0	0 .00
PSYCHOLOGIST	0	0		.00		.00	.000	.0	0 .00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.0	0 .00
HOSPICE SERVICES	0	0		.00		.00	.000	.0	0 .00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.0	0 .00
LOCAL EDUCATION AGENCIES	5	2.4		197.04		8.21	3.000	39.4	1 24.63
QALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS @CALIF. CHILDREN SERVICES* @XOVER EXCLUDING STATE HOSP** @* TOTALS IN THESE LINES ARE THE AMOUNTS ARE ALREADY IN	0	0		- 0.0		- 00	. 000	. 0	0 .00
RESPIRATORY CARE PRACT	0	0		0.0		00	000	0	0 00
DED CIDACITE DEUAD/MEANING	0	0		.00		.00	000	. 0	0 .00
ALL OWIED DROVEDEDS	0	0		.00		.00	.000	. 0	0 .00
ALL UIRER PROVIDERS	115	4 175	Ċ	105 500 16	Ċ	20.07	.000	.0	1 6 15600 40
@CALIF. CHILDREN SERVICES^	115	4,1/5	Ş A	125,523.16	٦	30.07	521.875	\$ 1091.5	1 \$ 15690.40
@XOVER EXCLUDING STATE HOSP**	1	1	Ş	8,913.08	Ş	8913.08	.125	\$ 8913.0	8 \$ 1114.14
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPAR	ATE INFORMATION	I ITEM (ONLY;					
THE AMOUNTS ARE ALREADY IN	ICLUDED IN THE AP	PROPRIATE DETAI	L LINE	S ABOVE.					
** THESE DATA ARE INCLUDED I	N THE APPROPRIAT	E DETAIL LINES	ABOVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES M	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2002 THRU I	DEC 2002	PAGE 7,913
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
MOP024 MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- DISABLED		AID CODE	60		
								ONTHLY AVE	RAGE

						MON	ITHLY AVERAG	E
447 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21,035	188,162	\$	10,629,286.76	\$ 56.49	420.944 \$	505.31	\$ 23779.17
@PHYSICIANS SERVICES	1,268	5 , 812	\$	379,717.48	\$ 65.33	13.002 \$	299.46	\$ 849.48
OUTPATIENT VISITS	671	912		51,329.88	56.28	2.040	76.50	114.83
OFFICE VISITS	281	350		17,701.51	50.58	.783	62.99	39.60
HOME VISITS	1	1		37.42	37.42	.002	37.42	.08
EMERGENCY ROOM	178	210		17,445.89	83.08	.470	98.01	39.03

PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	248	351	16,145.06	46.00	.785	65.10	36.12
INPATIENT VISITS	209	1,386	104,303.01	75.25	3.101	499.06	233.34
	197			65.48			177.97
HOSPITAL VISITS		1,215	79,553.53		2.718	403.83	
CRITICAL CARE	33	169	24,663.68	145.94	.378	747.38	55.18
SNF/ICF/TRANS IP CARE	2	2	85.80	42.90	.004	42.90	.19
OPHTHALMOLOGICAL SERVICES	19	23	1,280.68	55.68	.051	67.40	2.87
EXAMINATIONS	19	23	1,280.68	55.68	.051	67.40	2.87
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	98	1,053	103,266.71	98.07	2.356	1053.74	231.02
PRINCIPAL SURGEON	60	103	83,752.21	813.13	.230	1395.87	187.37
ASSISTANT SURGEON	6	6	2,286.37	381.06	.013	381.06	5.11
ANESTHESIOLOGIST	48	944	17,228.13	18.25	2.112	358.92	38.54
OUTPATIENT SURGERY	173	709	47,340.57	66.77	1.586	273.64	105.91
PRINCIPAL SURGEON	102	157	28,167.55	179.41	.351	276.15	63.01
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	83	552	19,173.02	34.73	1.235	231.00	42.89
DIALYSIS	1	1	.00	.00	.002	.00	.00
PATHOLOGY	49	133	5,011.82	37.68	.298	102.28	11.21
RADIOLOGY	329	606	23,459.91	38.71	1.356	71.31	52.48
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	9	36	3,666.84	101.86	.081	407.43	8.20
OTHER SERVICES/ALL X-OVERS	363	953	40,058.06	42.03	2.132	110.35	89.62
@PHARMACY	9,945	48,250 \$	4,971,771.97	\$ 103.04	107.942		\$ 11122.53
PRESCRIPTION DRUGS	9 , 737	22,738	4,128,242.12	181.56	50.868	423.97	9235.44
	555	1,768		163.37	3.955	520.42	
SNF/ICF			288,834.15				646.16
OUTPATIENTS	9,224	20,970	3,839,407.97	183.09	46.913	416.24	8589.28
MEDICAL SUPPLIES	523	25,512	843,529.85	33.06	57.074	1612.87	1887.09
@DENTIST	4,797	22,335 \$	922,742.15	\$ 41.31			\$ 2064.30
VISITS - DIAGNOSTIC	3,276	13,782	178,070.76	12.92	30.832	54.36	398.37
ORAL SURGERY	665	1,944	100,922.47	51.91	4.349	151.76	225.78
DRUGS	82	89	1,821.00	20.46	.199	22.21	4.07
ANESTHESIA	83	90	7,688.85	85.43	.201	92.64	17.20
PERIODONTICS	324	359	57 , 595.25	160.43	.803	177.76	128.85
ENDODONTICS	293	427	76,585.34	179.36	.955	261.38	171.33
RESTORATIVE DENTISTRY	1,410	4,248	335,519.75	78.98	9.503	237.96	750.60
PROSTHETICS	37	42	875.00	20.83	.094	23.65	1.96
DENTURES, STAYPLATES	411	1,221	158,870.50	130.12	2.732	386.55	355.41
SPACE MAINTAINERS	1	1	120.00	120.00	.002	120.00	.27
MAXILLOFACIAL SERVICES	15	21	1,133.23	53.96	.047	75.55	2.54
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	46	55	3,540.00	64.36	.123	76.96	7.92
ALL OTHER SERVICES	56	56	.00	.00	.125	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES M					PAGE 7,914
MOP024	FEE-FOR-SERVICE			DIONI ION OIN	2002 111110 D	10 2002	01/17/03
MONTEREY COUNTY		VICES FOR CASH GRANT	- DISABLED	AID COD	E 60		01/11/03
HONIBREE COONTI	SOTHING OF BEIN		DIGINDEED	7110 000		NTHIV AVERA	GE
447 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	MITERACE COS	T UNITS/DAYS		COST PER
44/ ELIGIBLES	USEKS		EXPENDITORES		Y PER ELIG		
@OPTOMETRIST	2	OR DAYS OF CARE	100.56	\$ 25.14	.009	USER \$ 50.28	ELIGIBLE
		4 \$				•	·
DIAGNOSTIC AND ANC. PROCED	1	1	47.45	47.45	.002	47.45	.11
EYE APPLIANCES	1	3	53.11	17.70	.007	53.11	.12
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000		·
VISITS	0	0	.00	.00	.000	.00	.00

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	11	22	\$ 902.57	\$ 41.03	.049	\$ 82.05	\$ 2.02
MEDICINE/INJECTIONS	10	21	877.47	41.78	.047	87.75	1.96
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	1	1	25.10	25.10	.002	25.10	.06
@HOME HEALTH AGENCY	84	1,403	\$ 62,208.82	\$ 44.34	3.139	\$ 740.58	\$ 139.17
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,117	9,152	\$ 2,594,090.31	\$ 283.45	20.474	\$ 2322.37	\$ 5803.33
HOSP INPATIENT TOTAL	239	1,873	2,285,215.29	1220.08	4.190	9561.57	5112.34
HSC HOSPITALS	187	1,317	2,108,896.20	1601.29	2.946	11277.52	4717.89
NON-HSC HOSPITAL TOTAL	10	51	134,406.17	2635.42	.114	13440.62	300.68
ACCOMMODATIONS	10	51	40,823.46	800.46	.114	4082.35	91.33
ADMINISTRATIVE DAYS	1	9	1,429.16	158.80	.020	1429.16	3.20
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42	39,394.30	937.96	.094	4377.14	88.13
ANCILLARIES	10	0	93,582.71	.00	.000	9358.27	209.36
INPATIENT CROSSOVERS	44	505	41,912.92	83.00	1.130	952.57	93.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	942	7,279	308,875.02	42.43	16.284	327.89	691.00
MEDICAL	274	594	40,928.32	68.90	1.329	149.37	91.56
SURGERY	75	95	5 , 827.57	61.34	.213	77.70	13.04
PATHOLOGY	398	3,419	32,934.74	9.63	7.649	82.75	73.68
RADIOLOGY	245	445	82 , 687.95	185.82	.996	337.50	184.98
ROOM USE	591	915	35,281.20	38.56	2.047	59.70	78.93
CROSSOVERS/ALL OTH OUTPINT	352	1,811	111,215.24	61.41	4.051	315.95	248.80
@COUNTY HOSPITAL TOTAL	251	1,422	\$ 508,493.69	\$ 357.59	3.181	\$ 2025.87	\$ 1137.57
CO HOSPITAL INPATIENT TOTAL	101	781	486,812.29	623.32	1.747	4819.92	1089.07
HSC HOSPITALS	70	374	449,104.00	1200.81	.837	6415.77	1004.71

NON-HSC HOSPITALS TOTAL	1	9	4,564.22	507.14	.020	4564.22	10.21
ACCOMMODATIONS	1	9	1,946.93	216.33	.020	1946.93	4.36
ADMINISTRATIVE DAYS	1	9	1,946.93	216.33	.020	1946.93	4.36
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	2,617.29	.00	.000	2617.29	5.86
INPATIENT CROSSOVERS	31	398	33,144.07	83.28	.890	1069.16	74.15
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	153	641	21,681.40	33.82	1.434	141.71	48.50
MEDICAL	15	24	1,732.03	72.17	.054	115.47	3.87
SURGERY	2	3	224.25	74.75	.007	112.13	.50
PATHOLOGY	71	311	2,419.34	7.78	.696	34.08	5.41
RADIOLOGY	41	47	5 , 736.76		.105	139.92	12.83
ROOM USE	91	120	4,528.55	37.74	.268	49.76	10.13
CROSSOVERS/ALL OTH OUTPTNT	59	136	7,040.47	51.77	.304	119.33	15.75
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES M	IONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,915
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR CASH GRANT	- DISABLED	AID CODE	60		
					MON	THLY AVERAG	GE
447 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	894	7,730 \$	2,085,596.62			2332.88	
COMM HOSP INPATIENT TOTAL	142	1,092	1,798,403.00				4023.27
HSC HOSPITALS	121	943	1,659,792.20		2.110	13717.29	3713.18
NON-HSC HOSPITALS TOTAL	9	42	129,841.95		.094	14426.88	290.47
ACCOMMODATIONS	9	42	38 , 876.53	925.63	.094	4319.61	86.97
ADMINISTRATIVE DAYS	0	0	517.77CR		.000	.00	1.16CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	4.2	39.394.30	937.96	. 094	4377.14	88.13

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	894	7,730	\$ 2,085,596.62	\$ 269.81	17.293 \$	2332.88	\$ 4665.76
COMM HOSP INPATIENT TOTAL	142	1,092	1,798,403.00	1646.89	2.443	12664.81	4023.27
HSC HOSPITALS	121	943	1,659,792.20	1760.12	2.110	13717.29	3713.18
NON-HSC HOSPITALS TOTAL	9	42	129,841.95	3091.48	.094	14426.88	290.47
ACCOMMODATIONS	9	42	38,876.53	925.63	.094	4319.61	86.97
ADMINISTRATIVE DAYS	0	0	517.77CF	.00	.000	.00	1.16CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	9	42	39,394.30	937.96	.094	4377.14	88.13
ANCILLARIES	9	0	90,965.42	.00	.000	10107.27	203.50
INPATIENT CROSSOVERS	13	107	8,768.85	81.95	.239	674.53	19.62
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	809	6,638	287,193.62	43.27	14.850	355.00	642.49
MEDICAL	261	570	39,196.29	68.77	1.275	150.18	87.69
SURGERY	73	92	5,603.32	60.91	.206	76.76	12.54
PATHOLOGY	330	3,108	30,515.40	9.82	6.953	92.47	68.27
RADIOLOGY	208	398	76,951.19	193.34	.890	369.96	172.15
ROOM USE	509	795	30,752.65	38.68	1.779	60.42	68.80
CROSSOVERS/ALL OTH OUTPINT	301	1 , 675	104,174.77	62.19	3.747	346.10	233.05
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	9	145	\$ 22,271.48	\$ 153.60	.324 \$	2474.61	\$ 49.82
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	9	145	22,271.48	153.60	.324	2474.61	49.82
@INTERMEDIATE CARE FACILDD	1	31	\$ 4,595.17	\$ 148.23	.069 \$	4595.17	\$ 10.28
ICF DDH	1	31	4,595.17	148.23	.069	4595.17	10.28
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	6	2CR	\$ 54,339.31	\$ 27169.66CR	.004CR\$	9056.55	\$ 121.56
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	6	2CR	54,339.31	27169.66CR	.004CR	9056.55	121.56

@REHABILITATION FACILITY	51	589	\$	14,359.11	\$	24.38	1.318	\$	281.55	•
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS	32	79		8,481.86		107.37	.177		265.06	18.98
INDEPENDENT FACILITY	20	510		5 , 877.25		11.52	1.141		293.86	13.15
@LABORATORY FACILITY	21	30	\$		\$	20.28	.067	\$	28.97	\$ 1.36
PATHOLOGY	21	30		608.44		20.28	.067		28.97	1.36
XO AND OTHERS	0	0		.00		.00	.000		.00	.00
XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC	4,583	6 , 792	\$	527,705.10	\$	77.70	15.195	\$		\$ 1180.55
CLINIC	1	1		162.05		162.05	.002		162.05	.36
SURGICENTER	0	0		.00		.00	.000		.00	.00
HEROIN DETOX CLINIC	6	106		1,218.38		11.49	.237		203.06	2.73
RURAL HEALTH CLINIC	4,576	6,685		526,324.67		78.73	14.955		115.02	1177.46
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDIT	URES	MONTH-OF-PAYMENT F	REPORT	r for Jan	2002 THRU			PAGE 7,916
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR CASH	GRANT	- DISABLED		AID CODE	60			
							M	IONT	HLY AVERA	GE
QALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVI	ERAGE COST				COST PER
		OR DAYS OF CA	.RE		PEF	R UNIT/DAY	PER ELIG	j	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,626	93,599	\$	1,073,874.29	\$	11.47	209.394	\$	408.94	\$ 2402.40
DURABLE MED. EOUIP.	232	952		315,786.91		331.71	2.130		1361.15	706.46
BLOOD BANK	0	0		.00		.00	000		0.0	.00
HEARING AID DISPENSERS	66	299		27,285.99		91.26	.669		413.42	61.04
MEDICAL TRANSPORTATION	35	2,000		21,365.79		10.68	4.474		610.45	47.80
AMBIILANCES/AIR TRANS	29	1,978		16,297.73		8.24	4.425		561.99	36.46
OTHER TRANS	1	6		40.50		6 75	.013		40 50	.09
OTHER SERVICES	7	16		5,027.56		314 22	036		413.42 610.45 561.99 40.50 718.22	11.25
ACIPIINCTIIRE	1	16 1		16.22		6.75 314.22 16.22 65.20	.002		16.22	.04
ADULT DAY HEALTH CARE CTR	4.8	840		54,765.44		65 20	1.879		1140.95	122.52
CENETIC DISEASE TESTING	1.8	18		1,463.00		81 28	.040		81.28	3.27
THMC MODEL-NE NE AIDS MSSP	478	9,272		396,524.96		81.28 42.77	20.743		829.55	887.08
OCCUPATIONAL THERADIST	0	0		.00		.00	.000		.00	.00
OPTICIAN	1 278	2,749		32,232.43		11.73	6.150		25.22	72.11
DUVCICAL THEDADICT	1,270	2,749		.00		.00	.000		.00	.00
DODUNDIE V-DAV	3	4		98.94		24.74	.009		49.47	.22
DDOCTUFTICT ODTUOTICTC	10	430		52,790.63		122.77	.962		1099.80	118.10
PROSINEIISI/ORINOIISIS	40	430		52,790.63		122.77	.962		1099.80	118.10
ODMIOMICS	40	430		.00		.00	.000		.00	.00
DCVCIIOI OCTCE	1.0	430 0 22 11 0 0 6,546		1,120.68			.049			2.51
PSICHOLOGISI	10	22 11		484.47		50.94 44.04	.049		112.07 96.89	1.08
SPEECH AND AUDIOLOGI	0	0		.00		.00	.023		.00	.00
MONINGE DIDELLING CENTERS	0	0		.00		.00	.000		.00	.00
NONINGI BIRITING CENTERS	350	C E A C		42,707.00		.00				95.54
LOCAL EDUCATION AGENCIES	339	0,340				6.52	14.644 6.872		118.90	241.43
EPSDT SUPPLEMENTAL SERVICE	21	3 , 072		107,919.36		35.13 .00				
RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.00
	93								.00	
ALL OTHER PROVIDERS		67,383		19,312.47	<u> </u>	.29		<u> </u>	207.66	43.20
@CALIF. CHILDREN SERVICES*	•	91,689	\$	4,816,073.63						\$ 10774.21
@XOVER EXCLUDING STATE HOSP**		794	\$	108,281.13	\$	136.37	1.//6	Ş	1021.52	\$ 242.24
@* TOTALS IN THESE LINES ARE										
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED I							2002 877577	DEC	2002	DACE 7 017
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC		UKES	MONTH-OF-PAYMENT F	(LPOR'	r rok jan	ZUUZ THRU	DEC	ZUUZ	PAGE 7,917

⁹⁷¹ ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

FEE-FOR-SERVICE/DENTAL

01/17/03

MOP024

MONTEREY COUNTY

@TOTAL, ALL PROVIDERS	25 , 773	90,151	\$	5,238,428.26		58.11	92.843 \$		\$	5394.88
@PHYSICIANS SERVICES	595	2,715	\$	399,256.07		147.06	2.796 \$	671.02	\$	411.18
OUTPATIENT VISITS	237	281		16,981.00		60.43	.289	71.65		17.49
OFFICE VISITS	25,773 595 237 103 0 58	126		8,504.32		67.49	.130	82.57		8.76
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	58	57		4,467.21		78.37	.059	77.02		4.60
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	6	10		503.88		50.39	.010	83.98		.52
OTHER OUTPATIENT	79	88		3,505.59		39.84	.091	44.37		3.61
INPATIENT VISITS	125	972		117,325.63		120.71	1.001	938.61		120.83
HOSPITAL VISITS	81	438		22,065.82		50.38	.451	272.42		22.72
CRITICAL CARE	65	534		95,259.81		178.39	.550	1465.54		98.10
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	8	11		573.47		52.13	.011	71.68		.59
EXAMINATIONS	8	11		573.47		52.13	.011	71.68		.59
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	62	369		43,809.75		118.73	.380	706.61		45.12
PRINCIPAL SURGEON	41	74		32,744.76		442.50	.076	798.65		33.72
ASSISTANT SURGEON	4	4		1,166.37		291.59	.004	291.59		1.20
ANESTHESIOLOGIST	25	291		9,898.62		34.02	.300	395.94		10.19
OUTPATIENT SURGERY	47	242		18,654.45		77.08	.249	396.90		19.21
PRINCIPAL SURGEON	33	61		13,182.22		216.10	.063	399.46		13.58
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	22	181		5,472.23		30.23	.186	248.74		5.64
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	25	59		2,088.54		35.40	.061	83.54		2.15
	185	296		10,657.36		36.00	.305	57.61		10.98
RADIOLOGY PSYCHIATRY	103	296		10,657.56			.000	.00		.00
	5	17				.00				
IMMUNIZATION AND INJECTION	127			501.30		29.49	.018	100.26		.52
OTHER SERVICES/ALL X-OVERS		468	Ċ	188,664.57		403.13	.482	1485.55	ċ	194.30
@PHARMACY	657	1,499	Þ	350,860.73		234.06	1.544 \$	534.03	Ş	361.34
PRESCRIPTION DRUGS	634	998		127,181.66		127.44	1.028	200.60		130.98
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	634	998		127,181.66		127.44	1.028	200.60		130.98
MEDICAL SUPPLIES	50	501	_	223,679.07	_	446.47	.516	4473.58	_	230.36
@DENTIST	9,379	54,595	\$	1,541,534.79		28.24	56.226 \$	164.36	Ş	
VISITS - DIAGNOSTIC	6,840	36,057		435,800.85		12.09	37.134	63.71		448.82
ORAL SURGERY	1,188	2,149		128,775.59		59.92	2.213	108.40		132.62
DRUGS	1,460	1,618		37,873.75		23.41	1.666	25.94		39.00
ANESTHESIA	95	98		8,875.00		90.56	.101	93.42		9.14
PERIODONTICS	190	193		31,880.00		165.18	.199	167.79		32.83
ENDODONTICS	876	1,666		169,873.51		101.96	1.716	193.92		174.95
RESTORATIVE DENTISTRY	3,726	11,844		654,927.35		55.30	12.198	175.77		674.49
PROSTHETICS	15	16		425.00		26.56	.016	28.33		. 44
DENTURES, STAYPLATES	50	248		14,283.00		57.59	.255	285.66		14.71
SPACE MAINTAINERS	103	123		12,377.74		100.63	.127	120.17		12.75
MAXILLOFACIAL SERVICES	29	29		1,780.00		61.38	.030	61.38		1.83
FRACTURES, DISLOCATIONS	2	2		525.00		262.50	.002	262.50		.54
ORTHODONTIC SERVICES	394	478		43,680.00		91.38	.492	110.86		44.98
ALL OTHER SERVICES	75	74		458.00		6.19	.076	6.11		.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITU	RES M	MONTH-OF-PAYMENT H	REPORT	FOR JAN	2002 THRU DEC	2002	P	AGE 7,918
MOP024	FEE-FOR-SERVICE/DENT	AL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR CGF 30	-33 3	35 38 40 42 3A-3M	3P 3R	R 3U 3W 40	C-4G			
							MONI	מסקוא עדעי	C E	

971 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	2	8	\$	180.56	\$	22.57	.008	Ş	90.28	Ş	.19
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.002		47.45		.10
EYE APPLIANCES	2	6		85.66		14.28	.006		42.83		.09
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	·	.00	•	.00
SURGERY/ANES.	0	Ō		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	23	87	\$	6,039.19	\$	69.42	.090	Ś		\$	6.22
NURSE ANESTHESIST	0	0	ς ς	.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000		.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	ب خ	.00	۲	.00	.000		.00	\$.00
	0	0	ې د		۶						
FAMILY NURSE PRACTITIONER		-	Ş	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	533	2,361	Þ	1,428,140.76	\$		2.432		2679.44	\$	1470.79
HOSP INPATIENT TOTAL	113	964		1,359,851.61		1410.63	.993		12034.09		1400.47
HSC HOSPITALS	109	956		1,334,890.06		1396.33	.985		12246.70		1374.76
NON-HSC HOSPITAL TOTAL	4	8		24,961.55		3120.19	.008		6240.39		25.71
ACCOMMODATIONS	4	8		6,624.40		828.05	.008		1656.10		6.82
ADMINISTRATIVE DAYS	0	0		15.39CF	3	.00	.000		.00		.02CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	8		6,639.79		829.97	.008		1659.95		6.84
ANCILLARIES	4	0		18,337.15		.00	.000		4584.29		18.88
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	443	1,397		68,289.15		48.88	1.439		154.15		70.33
MEDICAL	71	112		8,336.33		74.43	.115		117.41		8.59
SURGERY	29	37		3,463.81		93.62	.038		119.44		3.57
PATHOLOGY	150	585		8,064.24		13.79	.602		53.76		8.31
RADIOLOGY	117	152		28,249.24		185.85	.157		241.45		29.09
ROOM USE	188	269		11,507.83		42.78	.277		61.21		11.85
CROSSOVERS/ALL OTH OUTPINT	134	242		8,667.70		35.82	.249		64.68		8.93
@COUNTY HOSPITAL TOTAL	128	487	\$	345,501.90	Ċ	709.45		Ċ		\$	355.82
CO HOSPITAL INPATIENT TOTAL	33	269	Y	336,883.00	٧	1252.35	.277		10208.58	Y	346.94
HSC HOSPITALS	33	269		336,883.00		1252.35	.277		10208.58		346.94
NON-HSC HOSPITALS TOTAL	0	209		.00		.00	.000		.00		.00
	0	0		.00					.00		.00
ACCOMMODATIONS						.00	.000				
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	95	218		8,618.90		39.54	.225		90.73		8.88
MEDICAL	15	22		1,446.32		65.74	.023		96.42		1.49
SURGERY	4	4		524.12		131.03	.004		131.03		.54
PATHOLOGY	34	66		897.44		13.60	.068		26.40		.92
RADIOLOGY	31	33		2,388.34		72.37	.034		77.04		2.46
ROOM USE	39	51		1,920.06		37.65	.053		49.23		1.98
CROSSOVERS/ALL OTH OUTPTNT	20	42		1,442.62		34.35	.043		72.13		1.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES	MONTH-OF-PAYMENT RE	EPOR	T FOR JAN	2002 THRU	DEC	2002	P	AGE 7,919
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									01/17/03
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MONTEREY COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

971 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	LOLI	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	409	1,874	\$ 1,082,638.86	\$ 577.72	1.930 \$	2647.04	\$	1114.97
COMM HOSP INPATIENT TOTAL	80	695	1,022,968.61	1471.90	.716	12787.11		1053.52
HSC HOSPITALS	76	687	998,007.06	1452.70	.708	13131.67		1027.81
NON-HSC HOSPITALS TOTAL	4	8	24,961.55	3120.19	.008	6240.39		25.71
ACCOMMODATIONS	4	8	6,624.40	828.05	.008	1656.10		6.82
ADMINISTRATIVE DAYS	0	0	15.39CR	.00	.000	.00		.02CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	4	8	6,639.79	829.97	.008	1659.95		6.84
ANCILLARIES	4	0	18,337.15	.00	.000	4584.29		18.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	349	1,179	59 , 670.25	50.61	1.214	170.97		61.45
MEDICAL	56	90	6,890.01	76.56	.093	123.04		7.10
SURGERY	25	33	2,939.69	89.08	.034	117.59		3.03
PATHOLOGY	117	519	7,166.80	13.81	.535	61.25		7.38
RADIOLOGY	86	119	25 , 860.90	217.32	.123	300.71		26.63
ROOM USE	150	218	9,587.77	43.98	.225	63.92		9.87
CROSSOVERS/ALL OTH OUTPTNT	114	200	7,225.08	36.13	.206	63.38		7.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00

----- MONTHLY AVERAGE -----

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	13	105	\$	1,868.49	\$	17.80	.108	\$	143.73	\$	1.92
HOSPITAL BASED	8	20		939.85		46.99	.021		117.48		.97
INDEPENDENT FACILITY	5	85		928.64		10.93	.088		185.73		.96
@LABORATORY FACILITY	132	161	\$	3 , 516.95	\$	21.84	.166	\$	26.64	\$	3.62
PATHOLOGY	132	161		3 , 516.95		21.84	.166		26.64		3.62
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12,163	17 , 338	\$	1,354,768.93	\$	78.14	17.856	\$	111.38	\$	1395.23
CLINIC	7	24		860.17		35.84	.025		122.88		.89
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	13		157.94		12.15	.013		157.94		.16
RURAL HEALTH CLINIC	12 , 155	17 , 301		1,353,750.82		78.25	17.818		111.37		1394.18
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF-PAYMENT R	EPORT	' FOR JAN	2002 THRU	DEC	2002	P	AGE 7,920
MOP024	FEE-FOR-SERVICE/DE			05 00 40 40 07 04							01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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971 ELIGIBLES	USERS	UNITS OF SERVI	CE.	EXPENDITURES	AVERAGE COST			COST PER
371 HH101BH0	ODERO	OR DAYS OF CAL			PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	3,699	11,282	\$	152,261.79	\$ 13.50	11.619		
DURABLE MED. EQUIP.	27	120	·	10,474.30	87.29	.124	387.94	10.79
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14	52		6,411.35	123.30	.054	457.95	6.60
MEDICAL TRANSPORTATION	3	182		1,117.68	6.14	.187	372.56	1.15
AMBULANCES/AIR TRANS	3	182		1,117.68	6.14	.187	372.56	1.15
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	12		808.47	67.37	.012	269.49	.83
GENETIC DISEASE TESTING	194	195		15,122.00	77.55	.201	77.95	15.57
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1,135	2,428		21,786.47	8.97	2.501	19.20	22.44
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	14	60		10,334.96	172.25	.062	738.21	10.64
PROSTHETICS	14	60		10,334.96	172.25	.062	738.21	10.64
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	10	42		2,924.62	69.63	.043	292.46	3.01
SPEECH AND AUDIOLOGY	11	39		4,998.94	128.18	.040	454.45	5.15
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,309	8,152		78,283.00	9.60	8.395	33.90	80.62
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	825	5,585	\$	2,064,648.50	\$ 369.68	5.752	\$ 2502.60	\$ 2126.31
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
A* TOTALS IN THESE ITMES ADD	CTUENT AC A CEDA	DAME INFORMATION	TUEM (ONIT V •				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,921 MOP024

01/17/03

FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT

1,495 ELIGEIRES	MONIENEI COONII	SOMMAN OF SERV	MONTHLY AVERAGE									
TOTAL, ALL PROVIDERS	1.495 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					
### PROPERTIES 1,088 300,211 8 16,946,148.72 8 56.45 200,810 8 331.83 \$11335.22 ### SUMPRICIANS SERVICES 1,914 8,648 744,468.70 5 5 5 5 5 5 5 5 ### SUMPRICIANS SERVICES 1,914 8,648 744,468.70 5 5 5 5 5 5 5 5 ### SUMPRICIANS SERVICES 1,914 8,648 7 1,155 6 7,712.18 5 5 5 5 5 5 5 5 6 6	1,130 221012220	002110										
### SPHYSICIAMS SERVICES	@TOTAL, ALL PROVIDERS	51.068		Ś	16.946.148.72							
OPTICE VISITS 928 1,25 69,772.18 57.49 51.3 75.19 46.67 OFFICE VISITS 1 1 1 37.42 37.42 .001 37.42 .003 .001 .001 .001 .001 .001 .001 .001		1.914	•									
OFFICE VISITS			•	т.	•	-T			-		-	
BMME_VISITS												
BMENCENCY NOOM												
PREVENTIVE CARE												
OB VISITS/COMPRE PERI					•							
OTHER OUTPATIENT												
INPATIENT VISITES 338												
ROSPITAL VISITES												
CRITICAL CARRE 98 703 119,923.49 170.59 4.70 1223.71 80.22 SNF/ICP/TRANS IP CARE 2 2 2 885.80 42.90 .001 42.90 .06 OPHTHALMOLOGICAL SERVICES 33 40 2,230.45 55.76 .027 67.59 1.49 SERVICES AND MATERIALS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00			•									
SMF/ICF/TRANS IP CARE 2 2 85.80 42.90 .001 42.90 .006 OPHHALMOLGCICAL SERVICES 33 40 2.230.45 55.76 .027 67.59 1.49 EXAMINATIONS 33 40 2.230.45 55.76 .027 67.59 1.49 SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
Defithalmological Services 33												
EXAMINATIONS 33 40 2,230.45 55.76 0.27 67.59 1.49 SRYUCES AND MATERIALS 0 0 0 0.00 0.00 0.00 0.00 0.00 1.00 1.												
SERVICES AND MATERIALS 0												
INPATIENT HOSPITAL SURGENY 161					•							
PRINCIPAL SURGEON 101 1077 116,496.97 658.17 1.118 1153.44 77.92 ASSISTANT SURGEON 10 10 10 3,452.74 345.27 .007 345.27 2.31 ANESTHESIOLOGIST 74 1.244 27.313.21 21.96 .832 369.10 18.27 OUTPATIENT SURGERY 225 960 67.695.91 70.52 .642 330.87 369.10 18.27 ASSISTANT SURGEON 139 225 42,923.04 190.77 1.51 308.80 28.71 ASSISTANT SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00												
ASSISTANT SURGEON 10 10 3,452.74 345.27 .007 345.27 2.31 ANESTHESIOLOGIST 74 1,244 27,313.21 21.96 8.32 369.10 18.27 OUTPATIENT SURGERY 225 960 67,695.91 70.52 .642 300.87 45.28 PRINCIPAL SURGEON 139 225 42,923.04 190.77 1.51 308.80 28.71 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
ANDSTRIESIOLOGIST 74 1,244 27,313,21 21,96 8.32 36,910 18.27 OUTPATIENT SURGERY 225 960 67,695,91 70.52 6.42 300.87 45.28 PRINCIPAL SURGEON 139 225 42,923.04 190.77 1.51 308.80 28.71 ASSISTANT SURGEON 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00												
OUTPATIENT SURGERY 225 960 67,695.91 70.52 642 300.87 45.28 PRINCIPAL SURGEON 139 225 42,923.04 190.77 151 308.80 28.71 ASSISTANT SURGEON 0 0 0.00 .000 .000 .000 .000 .000 .00												
PRINCIPAL SURGEON 139 225 42,923.04 190.77 1.151 308.80 28.71 ASSISTANT SURGEON 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 ANESTHESTOLOGIST 106 735 24,772.87 33.70 .492 233.71 16.57 DIALYSIS 1 1 1 0.00 .00 .00 .001 .00 .00 PATHOLOGY 75 193 7,123.57 36.91 .129 94.98 4.76 RADIOLOGY 520 911 34,177.2 37.52 .609 65.73 22.86 PSYCHIARTY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00												
ASSISTANT SURGEON ANESTHESIOLOGIST 106 75 75 137 70 PATHOLOGY 75 193 71 71 73 71 71 73 74 75 75 75 75 75 75 75 75 75					•							
ANESTHESIOLOGIST 106 735 24,772.87 33.70 .492 233.71 16.57 DIALYSIS 1 1 1 .0.00 .00 .001 .00 .00 .00 .00 .0												
DIALYSIS												
PATHOLOGY 75 193 7,123.57 36.91 .129 94.98 4.76 RADIOLOGY 520 911 34,177.72 37.52 .609 65.73 22.86 PSYCHIATRY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00					•							
RADIOLOGY 520 911 34,177.72 37.52 6.09 65.73 22.86 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
PSYCHIATRY 0					•							
IMMUNIZATION AND INJECTION 14 53 4,168.14 78.64 .035 297.72 2.79 OTHER SERVICES/ALL X-OVERS 508 1,479 230,009.71 155.52 .989 452.78 153.85 1					•							
OTHER SERVICES/ALL X-OVERS 508 1,479 230,009.71 155.52 .989 452.78 153.85 6 GPHARMACY 11,293 56,174 \$ 5,484,310.16 \$ 97.63 37.575 \$ 485.64 \$ 3668.43 PRESCRIPTION DRUGS 11,039 24,749 4,408,792.31 178.14 16.555 399.38 2949.02 SNF/ICF 652 1,925 306,632.76 159.29 1.288 470.30 205.11 OUTPATIENTS 10,432 22,824 4,102,159.55 179.73 15.267 393.23 2743.92 MEDICAL SUPPLIES 619 31,425 1,075,517.85 34.22 21.020 1737.51 719.41 GDENTIST 15,597 83,010 \$ 2,787,303.58 \$ 33.58 55.525 \$ 178.71 \$ 1864.42 VISITS - DIAGNOSTIC 11,018 53,379 658,380.11 12.33 35.705 59.75 440.39 ORAL SURGERY 2,090 4,809 265,884.40 55.29 3.217 127.22 177.85 DRUGS 1,547 1,714 39,859.75 23.26 1.146 25.77 26.66 ANESTHESIA 200 210 18,274.85 87.02 1.140 91.37 12.22 PERIODONTICS 604 642 105,135.25 163.76 4.29 174.06 70.32 ENDODONTICS 1,226 2,165 262,543.85 121.27 1.448 214.15 175.61 RESTORATIVE DENTISTRY 5,452 16,993 1,071,127.10 63.03 11.367 196.46 716.47 PROSTHETICS 75 66 1,530.00 23.18 0.04 25.93 1.02 DENTURES, STAYPLATES 752 2,174 300,819.30 138.37 1.454 400.03 201.22 SPACE MAINTAINERS 104 124 12,497.74 100.79 0.83 120.17 8.36 MAXILLOFACIAL SERVICES 45 15 3,013.23 59.08 0.04 66.96 2.02 FRACTURES, DISLOCATIONS 2 2 5.50 0.001 262.50 0.01 262.50 ORTHODONTICS ERVICES 441 534 47,255.00 88.49 3.55 107.15 31.61												
@PHARMACY 11,293 56,174 \$ 5,484,310.16 \$ 97.63 37.575 \$ 485.64 \$ 3668.43 PRESCRIPTION DRUGS 11,039 24,749 4,408,792.31 178.14 16.555 399.38 2949.02 SNF/ICF 652 1,925 306,632.76 159.29 1.288 470.30 205.11 OUTPATIENTS 10,432 22,824 4,102,159.55 179.73 15.267 393.23 2743.92 MEDICAL SUPPLIES 619 31,425 1,075,517.85 34.22 21.020 1737.51 719.41 @DENTIST 15,597 83,010 \$ 2,787,303.58 \$ 33.58 55.525 \$ 178.71 \$ 1864.42 VISITS - DIAGNOSTIC 11,018 53,379 658,380.11 12.33 35.705 59.75 440.39 ORAL SURGERY 2,090 4,809 265,884.40 55.29 3.217 127.22 177.85 DRUGS 1,547 1,714 39,859.75 23.26 1.146 25.77 26.66 ANESTHESIA 20					•							
PRESCRIPTION DRUGS 11,039 24,749 4,408,792.31 178.14 16.555 399.38 2949.02 SNF/ICF 652 1,925 306,632.76 159.29 1.288 470.30 205.11 OUTPATIENTS 10,432 22,824 4,102,159.55 179.73 15.267 393.23 2743,92 MEDICAL SUPPLIES 619 31,425 1,075,517.85 34.22 21.020 1737.51 719.41 (PDENTIST 15,597 83,010 \$ 2,787,303.58 \$ 33.58 55.525 \$ 178.71 \$ 1864.42 VISITS - DIAGNOSTIC 11,018 53,379 658,380.11 12.33 35.705 59.75 440.39 ORAL SURGERY 2,090 4,809 265,884.40 55.29 3.217 127.22 177.85 DRUGS 1,547 1,714 39,859.75 23.26 1.146 25.77 26.66 AMESTHESIA 200 210 18,274.85 87.02 1.40 91.37 12.22 EPRIODONTICS 604 642 105,135.25 163.76 4.29 174.06 70.32 ENDODONTICS 1,226 2,165 262,543.85 121.27 1.448 214.15 175.61 RESTORATIVE DENTISTRY 5,452 16,993 1,071,127.10 63.03 11.367 196.46 716.47 PROSTHETICS 59 66 1,530.00 23.18 0.44 25.93 1.02 DENTURES, STAYPLATES 752 2,174 300,819.30 138.37 1.454 400.03 201.22 SPACE MAINTAINERS 104 124 12,497.74 100.79 0.83 120.17 8.36 MAXILLOFACIAL SERVICES 45 51 3,013.23 59.08 0.34 66.96 2.02 FRACTURES, DISLOCATIONS 2 2 2 555.00 262.50 0.001 262.50 0.35 ORTHODONTIC SERVICES 441 534 47,255.00 88.49 .357 107.15 31.61			•	Ś		Ś			Ś		Ś	
SNF/ICF 652 1,925 306,632.76 159.29 1.288 470.30 205.11 OUTPATIENTS 10,432 22,824 4,102,159.55 179.73 15.267 393.23 2743.92 MEDICAL SUPPLIES 619 31,425 1,075,517.85 34.22 21.020 1737.51 719.41 @DENTIST 15,597 83,010 \$ 2,787,303.58 \$ 33.58 55.555 \$ 178.71 \$ 1864.42 VISITS - DIAGNOSTIC 11,018 53,379 658,380.11 12.33 35.705 59.75 440.39 ORAL SURGERY 2,090 4,809 265,884.40 55.29 3.217 127.22 177.85 DRUGS 1,547 1,714 39,859.75 23.26 1.146 25.77 26.66 ANESTHESIA 200 210 18,274.85 87.02 140 91.37 12.22 PERIODONTICS 604 642 105,135.25 163.76 429 174.06 70.32 ENDODONTICS 1,266 2,165			•	т.		-T			т.		-	
OUTPATIENTS 10,432 22,824 4,102,159.55 179.73 15.267 393.23 2743.92 MEDICAL SUPPLIES 619 31,425 1,075,517.85 34.22 21.020 1737.51 719.41 @DENTIST 15,597 83,010 \$ 2,787,303.58 \$ 33.58 55.525 \$ 178.71 \$ 1864.42 VISITS - DIAGNOSTIC 11,018 53,379 658,380.11 12.33 35.705 59.75 440.39 ORAL SURGERY 2,090 4,809 265,884.40 55.29 3.217 127.22 177.85 DRUGS 1,547 1,714 39,859.75 23.26 1.146 25.77 26.66 ANESTHESIA 200 210 18,274.85 87.02 .140 91.37 12.22 PERIODONTICS 604 642 105,135.25 163.76 .429 174.06 70.32 ENDODONTICS 1,226 2,165 262,543.85 121.27 1.448 214.15 175.61 RESTORATIVE DENTISTRY 5,452 1			1,925									
MEDICAL SUPPLIES 619 31,425 1,075,517.85 34.22 21.020 1737.51 719.41 @DENTIST 15,597 83,010 \$ 2,787,303.58 \$ 33.58 55.525 \$ 178.71 \$ 1864.42 VISITS - DIAGNOSTIC 11,018 53,379 658,380.11 12.33 35.705 59.75 440.39 ORAL SURGERY 2,090 4,809 265,884.40 55.29 3.217 127.22 177.85 DRUGS 1,547 1,714 39,859.75 23.26 1.146 25.77 26.66 ANESTHESIA 200 210 18,274.85 87.02 .140 91.37 12.22 PERIODONTICS 604 642 105,135.25 163.76 .429 174.06 70.32 ENDODONTICS 1,226 2,165 262,543.85 121.27 1.448 214.15 175.61 RESTORATIVE DENTISTRY 5,452 16,993 1,071,127.10 63.03 11.367 196.46 716.47 PROSTHETICS 59 66												
@DENTIST 15,597 83,010 \$ 2,787,303.58 \$ 33.58 55.525 \$ 178.71 \$ 1864.42 VISITS - DIAGNOSTIC 11,018 53,379 658,380.11 12.33 35.705 59.75 440.39 ORAL SURGERY 2,090 4,809 265,884.40 55.29 3.217 127.22 177.85 DRUGS 1,547 1,714 39,859.75 23.26 1.146 25.77 26.66 ANESTHESIA 200 210 18,274.85 87.02 .140 91.37 12.22 PERIODONTICS 604 642 105,135.25 163.76 .429 174.06 70.32 ENDODONTICS 1,226 2,165 262,543.85 121.27 1.448 214.15 175.61 RESTORATIVE DENTISTRY 5,452 16,993 1,071,127.10 63.03 11.367 196.46 716.47 PROSTHETICS 59 66 1,530.00 23.18 .044 25.93 1.02 DENTURES, STAYPLATES 752 2,174		619										
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ORAL SURGERY 2,090 4,809 265,884.40 55.29 3.217 127.22 177.85 DRUGS 1,547 1,714 39,859.75 23.26 1.146 25.77 26.66 ANESTHESIA 200 210 18,274.85 87.02 .140 91.37 12.22 PERIODONTICS 604 642 105,135.25 163.76 .429 174.06 70.32 ENDODONTICS 1,226 2,165 262,543.85 121.27 1.448 214.15 175.61 RESTORATIVE DENTISTRY 5,452 16,993 1,071,127.10 63.03 11.367 196.46 716.47 PROSTHETICS 59 66 1,530.00 23.18 .044 25.93 1.02 DENTURES, STAYPLATES 752 2,174 300,819.30 138.37 1.454 400.03 201.22 SPACE MAINTAINERS 104 124 12,497.74 100.79 .083 120.17 8.36 MAXILLOFACIAL SERVICES 45 51 3,013.23 59.08 .034 66.96 2.02 FRACTURES, DISLOCATIONS <td>-</td> <td></td> <td>•</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	-		•									
DRUGS ANESTHESIA 200 210 18,274.85 87.02 140 91.37 12.22 PERIODONTICS 604 642 105,135.25 163.76 AL29 174.06 70.32 ENDODONTICS 1,226 2,165 262,543.85 121.27 1.448 214.15 175.61 RESTORATIVE DENTISTRY 5,452 16,993 1,071,127.10 63.03 11.367 196.46 716.47 PROSTHETICS DENTURES, STAYPLATES 752 2,174 300,819.30 138.37 1.454 400.03 201.22 SPACE MAINTAINERS 104 124 12,497.74 100.79 .083 120.17 8.36 MAXILLOFACIAL SERVICES 45 51 3,013.23 59.08 .034 66.96 2.02 FRACTURES, DISLOCATIONS 2 2 52 0RTHODONTIC SERVICES 441 534 47,255.00 88.49 .357 107.15 31.61			4,809					3.217				177.85
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ENDODONTICS 1,226 2,165 262,543.85 121.27 1.448 214.15 175.61 RESTORATIVE DENTISTRY 5,452 16,993 1,071,127.10 63.03 11.367 196.46 716.47 PROSTHETICS 59 66 1,530.00 23.18 .044 25.93 1.02 DENTURES, STAYPLATES 752 2,174 300,819.30 138.37 1.454 400.03 201.22 SPACE MAINTAINERS 104 124 12,497.74 100.79 .083 120.17 8.36 MAXILLOFACIAL SERVICES 45 51 3,013.23 59.08 .034 66.96 2.02 FRACTURES, DISLOCATIONS 2 2 525.00 262.50 .001 262.50 .35 ORTHODONTIC SERVICES 441 534 47,255.00 88.49 .357 107.15 31.61			642									70.32
RESTORATIVE DENTISTRY 5,452 16,993 1,071,127.10 63.03 11.367 196.46 716.47 PROSTHETICS 59 66 1,530.00 23.18 .044 25.93 1.02 DENTURES, STAYPLATES 752 2,174 300,819.30 138.37 1.454 400.03 201.22 SPACE MAINTAINERS 104 124 12,497.74 100.79 .083 120.17 8.36 MAXILLOFACIAL SERVICES 45 51 3,013.23 59.08 .034 66.96 2.02 FRACTURES, DISLOCATIONS 2 2 525.00 262.50 .001 262.50 .35 ORTHODONTIC SERVICES 441 534 47,255.00 88.49 .357 107.15 31.61		1,226			262,543.85							
PROSTHETICS 59 66 1,530.00 23.18 .044 25.93 1.02 DENTURES, STAYPLATES 752 2,174 300,819.30 138.37 1.454 400.03 201.22 SPACE MAINTAINERS 104 124 12,497.74 100.79 .083 120.17 8.36 MAXILLOFACIAL SERVICES 45 51 3,013.23 59.08 .034 66.96 2.02 FRACTURES, DISLOCATIONS 2 2 525.00 262.50 .001 262.50 .35 ORTHODONTIC SERVICES 441 534 47,255.00 88.49 .357 107.15 31.61	RESTORATIVE DENTISTRY		•				63.03					716.47
DENTURES, STAYPLATES 752 2,174 300,819.30 138.37 1.454 400.03 201.22 SPACE MAINTAINERS 104 124 12,497.74 100.79 .083 120.17 8.36 MAXILLOFACIAL SERVICES 45 51 3,013.23 59.08 .034 66.96 2.02 FRACTURES, DISLOCATIONS 2 2 525.00 262.50 .001 262.50 .35 ORTHODONTIC SERVICES 441 534 47,255.00 88.49 .357 107.15 31.61			•									
SPACE MAINTAINERS 104 124 12,497.74 100.79 .083 120.17 8.36 MAXILLOFACIAL SERVICES 45 51 3,013.23 59.08 .034 66.96 2.02 FRACTURES, DISLOCATIONS 2 2 525.00 262.50 .001 262.50 .35 ORTHODONTIC SERVICES 441 534 47,255.00 88.49 .357 107.15 31.61	DENTURES, STAYPLATES	752	2,174				138.37	1.454		400.03		201.22
MAXILLOFACIAL SERVICES 45 51 3,013.23 59.08 .034 66.96 2.02 FRACTURES, DISLOCATIONS 2 2 525.00 262.50 .001 262.50 .35 ORTHODONTIC SERVICES 441 534 47,255.00 88.49 .357 107.15 31.61		104										
FRACTURES, DISLOCATIONS 2 2 525.00 262.50 .001 262.50 .35 ORTHODONTIC SERVICES 441 534 47,255.00 88.49 .357 107.15 31.61	MAXILLOFACIAL SERVICES	45	51		3,013.23							2.02
ORTHODONTIC SERVICES 441 534 47,255.00 88.49 .357 107.15 31.61	FRACTURES, DISLOCATIONS	2	2				262.50	.001		262.50		.35
ALL OTHER SERVICES 148 147 458.00 3.12 .098 3.09 .31	ORTHODONTIC SERVICES	441	534		47,255.00		88.49	.357		107.15		
	ALL OTHER SERVICES	148	147		458.00		3.12	.098		3.09		.31

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,922 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR CASH GRANT

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT					^ · · · · · · · · · · · · · · · · · · ·		C E	
1 AOE BLICTBIES	USERS	UNITS OF SERVICE	7	EXDENDIMIDEC	71 77	ERAGE COST	M				
1,495 ELIGIBLES	USEKS	OR DAYS OF CAR		EXPENDITURES		R UNIT/DAY	,		r pek SER		COST PER ELIGIBLE
@OPTOMETRIST	11	26	\$	606.96	\$	23.34	.017			\$.41
DIAGNOSTIC AND ANC. PROCED	4	4	Ą	152.35	۲	38.09	.003		38.09	ې	.10
EYE APPLIANCES	0	22		385.71		17.53	.015		48.21		.26
OTHER OPTOMETRIC SERVICES	1	0		68.90		.00	.000		68.90		.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		.00	Ś	.00
VISITS	0	0	Ą	.00	۲	.00	.000	ې	.00	ې	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	11	22	Ś	902.57	\$	41.03	.015	Ċ !	32.05	Ś	.60
MEDICINE/INJECTIONS	10	21	Ÿ	877.47	Ÿ	41.78	.013		37.75	Y	.59
SURGERY/ANES.	0	0		.00		.00	.000	•	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		25.10		25.10	.001		25.10		.00
@HOME HEALTH AGENCY	121	3,194	\$	118,831.90	\$	37.20	2.136		32.08	\$	79.49
NURSE ANESTHESIST	0	3 , 194	۶ \$.00	۶ \$.00		\$.00	۶ \$.00
NURSE MIDWIFE	0	0	۶ \$.00	۶ \$.00	.000	۶ \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	۶ \$.00	۶ \$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	۶ \$.00	۶ \$.00	.000	\$ \$.00	۶ \$.00
@TOTAL HOSPITAL	1,687	11,701	۶ \$		۶ \$	345.73	7.827	•		\$	2705.91
-	361	2,925	Ą	4,045,338.59	Þ	1252.80	1.957		97.95 50.84	Ş	2451.14
HOSP INPATIENT TOTAL HSC HOSPITALS	298	2,925 2,287		3,664,453.59 3,450,608.66		1508.79	1.530		79.22		2308.10
NON-HSC HOSPITAL TOTAL	290 15	2 , 20 / 60				2696.76	.040		37.03		108.23
	15	60		161,805.41		803.09	.040		12.38		32.23
ACCOMMODATIONS	15	9		48,185.66		152.86			75.72		.92
ADMINISTRATIVE DAYS	0	0		1,375.72			.006	13			
TRANSITIONAL IP CARE	14	51		.00		.00 917.84	.000	2.2	.00 43.57		.00 31.31
ALL OTHER ACCOM ANCILLARIES	15	0		46,809.94 113,619.75		.00	.000		74.65		76.00
INPATIENT CROSSOVERS	50	578		52,039.52		90.03	.387		40.79		34.81
	0	0		•		.00	.000	10,	.00		.00
ALL OTHER INPATIENT HOSP OUTPATIENT TOTAL	1,413	8 , 776		.00 380,885.00		43.40	5.870	2	69.56		254.77
MEDICAL	352	714		49,867.54		69.84	.478		41.67		33.36
SURGERY	105	133		9,411.56		70.76	.089		39.63		6.30
PATHOLOGY	554	4,038		41,709.72		10.33	2.701		75.29		27.90
RADIOLOGY	367	604		111,338.22		184.33	.404		03.37		74.47
ROOM USE	798	1,207		47,538.37		39.39	.807		59.57		31.80
CROSSOVERS/ALL OTH OUTPINT	497	2,080		121,019.59		58.18	1.391		43.50		80.95
@COUNTY HOSPITAL TOTAL	382	1,922	\$	859,005.27	\$		1.286			Ś	574.59
CO HOSPITAL INPATIENT TOTAL	136	1,062	Ÿ	828,666.35	Ÿ	780.29	.710		93.13	Y	554.29
HSC HOSPITALS	104	650		790,687.00		1216.44	.435		02.76		528.89
NON-HSC HOSPITALS TOTAL	1	9		4,564.22		507.14	.006		64.22		3.05
ACCOMMODATIONS	1	9		1,946.93		216.33	.006		46.93		1.30
ADMINISTRATIVE DAYS	1	9		1,946.93		216.33	.006		46.93		1.30
TRANSITIONAL IP CARE	0	0		.00		.00	.000	10	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		2,617.29		.00	.000	26	17.29		1.75
INPATIENT CROSSOVERS	32	403		33,415.13		82.92	.270		44.22		22.35
ALL OTHER INPATIENT	0	0		.00		.00	.000	± 0 ·	.00		.00
CO HOSP OUTPATIENT TOTAL	249	860		30,338.92		35.28	.575	1 '	21.84		20.29
MEDICAL	30	46		3,178.35		69.09	.031		05.95		2.13
SURGERY	6	7		748.37		106.91	.005		24.73		.50
PATHOLOGY	105	377		3,316.78		8.80	.252		31.59		2.22
11111011001	100	3 7 7		3,310.70		0.00	.202	,			2.22

RADIOLOGY	72	80	8,125.10	101.56	.054	112.85	5.43
ROOM USE	131	172	6,484.60	37.70	.115	49.50	4.34
CROSSOVERS/ALL OTH OUTPTNT	79	178	8,485.72	47.67	.119	107.41	5.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 7,923
MOP024	FEE-FOR-SERVICE/DE	ENTAL					01/17/03

MOPUZ4 MONTEREY COUNTY	SIIMMARY OF SERVICE	ICES FOR CASH GRA	ייות						01/1//03
MONTENET COONTT	SOPPART OF SERV	TOES FOR CASH GIV	71 A T			MONT	HILY AVERA	GE.	
1,495 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
1, 130 Elicibile	OBLINE	OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1.337		\$	3,186,333.32	\$ 325.83		2383.20		
COMM HOSP INPATIENT TOTAL	1,337 229	1,863	Τ	2,835,787.24	1522.16		12383.35	Τ.	1896.85
HSC HOSPITALS	198	1,637		2,659,921.66	1624.88		13433.95		1779.21
NON-HSC HOSPITALS TOTAL	14	51		157,241.19	3083.16		11231.51		105.18
ACCOMMODATIONS	14	51		46,238.73	906.64	.034	3302.77		30.93
ADMINISTRATIVE DAYS	0	0		571.21CR		.000	.00		.38CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1.4	51		46,809.94	917.84	.034	3343.57		31.31
ANCILLARIES	14 14	0		111,002.46	.00	.000	7928.75		74.25
INPATIENT CROSSOVERS	18	175		18,624.39	106.43	.117	1034.69		12.46
	0	1/3		•	.00	.000	.00		.00
ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	1,185	7,916		.00		5.295	295.82		234.48
	324	7 , 916		350,546.08 46,689.19	44.28 69.89 68.76	.447	144.10		31.23
MEDICAL	99	126		40,009.19	09.09				5.79
SURGERY	453	3,661		8,663.19 38,392.94	68.76 10.49	.084	87.51 84.75		25.68
PATHOLOGY	299	•				2.449			
RADIOLOGY	∠99 677	524		103,213.12	196.97	.351	345.19		69.04
ROOM USE	677 426	1,035		41,053.77	39.67	.692	60.64		27.46
CROSSOVERS/ALL OTH OUTPINT	426	1,902	<u>_</u>	112,533.87	59.17	1.272	264.16	Ċ	75.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		Ş	.00
MENTALLY ILL		0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0 11	0 176	\$.00	.00	.000	.00	<u> </u>	.00
@NURSING FACILITY	0		Þ	26,100.55	\$ 148.30	.118 \$	2372.78	Ş	17.46
LEV A-INTERMEDIATE	U	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	U	_		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0 0 11 1	•		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	11	176	_	26,100.55	148.30	.118	2372.78	_	17.46
@INTERMEDIATE CARE FACILDD	1	31	\$	4,595.17	\$ 148.23		4595.17	Ş	3.07
ICF DDH	Ţ	31		4,595.17	148.23	.021	4595.17		3.07
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	7	4CR	Ş	65,622.04	\$ 16405.51CR	.003CR\$		Ş	43.89
HOSPITAL BASED	0 0 7 0 7 65	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	7	4CR		65,622.04	16405.51CR	.003CR	9374.58		43.89
@REHABILITATION FACILITY	65	697	\$	16,361.12	\$ 23.47	.466 \$		Ş	10.94
HOSPITAL BASED	41 25	102		9,555.23	93.68	.068	233.05		6.39
INDEPENDENT FACILITY	25	595		6,805.89	11.44	.398	272.24		4.55
@LABORATORY FACILITY	155	190	\$	4,162.73	\$ 21.91	.127 \$	26.86	\$	2.78
PATHOLOGY	155	193		4,172.95	21.62	.129	26.92		2.79
XO AND OTHERS	0	3CR		10.22CR		.002CR	.00		.01CR
@ORGANIZED OUTPATIENT CLINIC	17 , 648	25,423	\$, ,	\$ 78.05	17.005 \$		\$	1327.28
CLINIC	9	27		1,246.22	46.16	.018	138.47		.83
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	7	119		1,376.32	11.57	.080	196.62		.92
RURAL HEALTH CLINIC	17,632	25 , 277		1,981,654.74	78.40	16.908	112.39		1325.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	P	PAGE 7,924

MONTENET COONT	SOMMANT OF SEN	VICES FOR CASH GRANT					
					MON		
1,495 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	7,732	110,923 \$	1,623,327.37	\$ 14.63	74.196 \$		\$ 1085.84
DURABLE MED. EQUIP.	268	1,107	337 , 552.19	304.93	.740	1259.52	225.79
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	80	351	33,697.34	96.00	.235	421.22	22.54
MEDICAL TRANSPORTATION	39	2,191	22,636.40	10.33	1.466	580.42	15.14
AMBULANCES/AIR TRANS	33	2,169	17 , 568.34	8.10	1.451	532.37	11.75
OTHER TRANS	1	6	40.50	6.75	.004	40.50	.03
OTHER SERVICES	7	16	5,027.56	314.22	.011	718.22	3.36
ACUPUNCTURE	1	1	16.22	16.22	.001	16.22	.01
ADULT DAY HEALTH CARE CTR	137	2,019	133,367.78	66.06	1.351	973.49	89.21
GENETIC DISEASE TESTING	212	213	16,585.00	77.86	.142	78.23	11.09
IHMC, MODEL-NF, NF, AIDS, MSSP	1,157	12,445	684,561.92	55.01	8.324	591.67	457.90
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3,071	6 , 589	71,720.66	10.88	4.407	23.35	47.97
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	98.94	24.74	.003	49.47	.07
PROSTHETIST/ORTHOTISTS	64	510	64,523.00	126.52	.341	1008.17	43.16
PROSTHETICS	64	510	64,523.00	126.52	.341	1008.17	43.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	20	64	4,045.30	63.21	.043	202.27	2.71
SPEECH AND AUDIOLOGY	16	50	5,483.41	109.67	.033	342.71	3.67
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,675	14,725	121,216.53	8.23	9.849	45.31	81.08
EPSDT SUPPLEMENTAL SERVICE	21	3,072	107,919.36	35.13	2.055	5139.02	72.19
RESPIRATORY CARE PRACT.	0	. 0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	97	67 , 582	19,903.32	.29	45.205	205.19	13.31
@CALIF. CHILDREN SERVICES*	3,424	101,449	\$ 7,006,245.29	\$ 69.06	67.859	2046.22	\$ 4686.45
@XOVER EXCLUDING STATE HOSP**	135	852	\$ 131,966.78	\$ 154.89	.570	977.53	\$ 88.27

 $\ensuremath{\mathbb{G}}^{\star}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,925 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 185% PR	ROGRAM	- INFANTS	AID CODES 47	69				
						M	ONTHI	LY AVERA	٠GE ٠	
56 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAY	s co	OST PER	(COST PER
		OR DAYS OF CARE	€		PER UNIT/DAY	PER ELIG		USER	J	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,636	6 , 351	\$	1,220,909.38	\$ 192.24	113.411	\$			21801.95
@PHYSICIANS SERVICES	191	1,368	\$	132,151.20	\$ 96.60	24.429	\$	691.89	\$	2359.84
OUTPATIENT VISITS	60	61		3,714.99	60.90	1.089		61.92		66.34
OFFICE VISITS	27	28		1,933.09	69.04	.500		71.60		34.52
HOME VISITS	0	0		.00	.00	.000		.00		.00
EMERGENCY ROOM	10	9		936.86	104.10	.161		93.69		16.73
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00		.00
OTHER OUTPATIENT	23	24		845.04	35.21	.429		36.74		15.09
INPATIENT VISITS	78	679		82,026.33	120.80	12.125	1	1051.62		1464.76
HOSPITAL VISITS	51	314		20,853.10	66.41	5.607		408.88		372.38
CRITICAL CARE	44	365		61,173.23	167.60	6.518	1	1390.30		1092.38
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	11		632.52	57.50	.196		158.13		11.30
EXAMINATIONS	4	11		632.52	57.50	.196		158.13		11.30
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	43	306		31,776.82	103.85	5.464		739.00		567.44
PRINCIPAL SURGEON	34	50		22,673.01	453.46	.893		666.85		404.88
ASSISTANT SURGEON	1	1		348.47	348.47	.018		348.47		6.22
ANESTHESIOLOGIST	15	255		8,755.34	34.33	4.554		583.69		156.35
OUTPATIENT SURGERY	9	49		3,130.43	63.89	.875		347.83		55.90
PRINCIPAL SURGEON	6	8		2,080.57	260.07	.143		346.76		37.15
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	4	41		1,049.86	25.61	.732		262.47		18.75
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	1	1		67.34	67.34	.018		67.34		1.20
RADIOLOGY	47	86		2,432.49	28.28	1.536		51.76		43.44
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	50	175		8,370.28	47.83	3.125		167.41		149.47
@PHARMACY	67	241	\$	17,796.37	\$ 73.84	4.304	\$	265.62	\$	317.79
PRESCRIPTION DRUGS	56	124		14,843.67	119.71	2.214		265.07		265.07
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	56	124		14,843.67	119.71	2.214		265.07		265.07
MEDICAL SUPPLIES	20	117		2,952.70	25.24	2.089		147.64		52.73
@DENTIST	7	9	\$	340.00	\$ 37.78	.161	\$	48.57	\$	6.07
VISITS - DIAGNOSTIC	3	3		65.00	21.67	.054		21.67		1.16
ORAL SURGERY	2	2		175.00	87.50	.036		87.50		3.13
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	2	2		100.00	50.00	.036		50.00		1.79
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00

DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	2		2		.00		.00	.036		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPEN	DITUF	RES MON'	TH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2002 THRU	DEC	2002	Р	AGE 7,926
MOP024	FEE-FOR-SERVICE	E/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	VICES FOR 18	5% PF	ROGRAM ·	- INFANTS	ΑI	D CODES 47	69				
								M	ГИО	THLY AVERA	GE	
56 ELIGIBLES	USERS	UNITS OF SE	RVICE	1	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF	CARE	1		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	1		2	\$	112.95	\$	56.48	.036	\$		\$	2.02
MEDICINE/INJECTIONS	1		2		112.95		56.48	.036		112.95		2.02
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	11		41	\$	2 , 988.41	\$	72.89	.732	\$	271.67	\$	53.36
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	Ş	.00	Ş	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	_	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	110		93	\$	788,889.64	\$	794.45	17.732	\$	7171.72		14087.32
HOSP INPATIENT TOTAL	42	· -	77		742,932.41		1557.51	8.518		17688.87		13266.65
HSC HOSPITALS	41	4	76		738,786.00		1552.07	8.500		18019.17		13192.61
NON-HSC HOSPITAL TOTAL	1		1		4,146.41		4146.41	.018		4146.41		74.04
ACCOMMODATIONS	1		1		1,752.30		1752.30	.018		1752.30		31.29
ADMINISTRATIVE DAYS	0		U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		U		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		Ţ		1,752.30		1752.30	.018		1752.30		31.29

NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	110	993	\$ 788,889.64	\$ 794.45	17.732	\$	7171.72	\$ 14087.32
HOSP INPATIENT TOTAL	42	477	742,932.41	1557.51	8.518	1	L7688.87	13266.65
HSC HOSPITALS	41	476	738,786.00	1552.07	8.500	1	18019.17	13192.61
NON-HSC HOSPITAL TOTAL	1	1	4,146.41	4146.41	.018		4146.41	74.04
ACCOMMODATIONS	1	1	1,752.30	1752.30	.018		1752.30	31.29
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	1	1	1,752.30	1752.30	.018		1752.30	31.29
ANCILLARIES	1	0	2,394.11	.00	.000		2394.11	42.75
INPATIENT CROSSOVERS	0	0	.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	79	516	45,957.23	89.06	9.214		581.74	820.66
MEDICAL	22	40	3,226.14	80.65	.714		146.64	57.61
SURGERY	3	3	270.87	90.29	.054		90.29	4.84
PATHOLOGY	21	327	1,846.93	5.65	5.839		87.95	32.98
RADIOLOGY	13	19	1,765.57	92.92	.339		135.81	31.53
ROOM USE	46	85	2,710.18	31.88	1.518		58.92	48.40
CROSSOVERS/ALL OTH OUTPINT	29	42	36,137.54		.750		1246.12	645.31
@COUNTY HOSPITAL TOTAL	30	135	\$ 102,282.85	\$ 757.65	2.411	\$	3409.43	\$ 1826.48
CO HOSPITAL INPATIENT TOTAL	15	81	98,568.00	1216.89	1.446		6571.20	1760.14
HSC HOSPITALS	15	81	98,568.00	1216.89	1.446		6571.20	1760.14
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000		.00	.00
ANCILLARIES	0	0	.00	.00	.000		.00	.00

INPATIENT CROSSOVERS	0		0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	15		54		3,714.85		68.79	.964	247.66		66.34
MEDICAL	4		8		626.77		78.35	.143	156.69		11.19
SURGERY	0		0		.00		.00	.000	.00		.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
RADIOLOGY	3		6		173.75		28.96	.107	57.92		3.10
ROOM USE	12		27		914.50		33.87	.482	76.21		16.33
CROSSOVERS/ALL OTH OUTPTNT	6		13		1,999.83		153.83	.232	333.31		35.71
		ec and evi		IDEC MON		EDOD				D.7	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		SENDII.	UKES MUI	NIH-OF-PAIMENI R	LPUR	I FOR JAN 2	2002 IRKO D.	EC 2002	PF	AGE 7,927
MOP024	FEE-FOR-SERVICE		1050	DD 0 CD 111	T11771770		D 00DE0 47	60			01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR	185% .	PROGRAM	- INFANTS	AL	D CODES 47			C.E.	
EC BLICIDIES	HCEDC	IINITEC OF	CEDIAT	CE.	EXPENDIMIDEO	73, 7, 7, 7, 7	EDACE COCH	UNITS/DAYS	NTHLY AVERA		
56 ELIGIBLES	USERS	UNITS OF			EXPENDITURES						COST PER
		OR DAYS					R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	83		858	\$	686,606.79	\$			\$ 8272.37		
COMM HOSP INPATIENT TOTAL	29		396		644,364.41		1627.18	7.071	22219.46		L1506.51
HSC HOSPITALS	28		395		640 , 218.00		1620.81	7.054	22864.93	-	L1432.46
NON-HSC HOSPITALS TOTAL	1		1		4,146.41		4146.41	.018	4146.41		74.04
ACCOMMODATIONS	1		1		1,752.30		1752.30	.018	1752.30		31.29
ADMINISTRATIVE DAYS	0		0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0		Ö		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1		1		1,752.30		1752.30	.018	1752.30		31.29
ANCILLARIES	1		0		2,394.11		.00	.000	2394.11		42.75
INPATIENT CROSSOVERS			0		.00		.00	.000	.00		.00
	0		0								.00
ALL OTHER INPATIENT	•				.00		.00	.000	.00		
COMM HOSP OUTPATIENT TOTAL	64		462		42,242.38		91.43	8.250	660.04		754.33
MEDICAL	18		32		2,599.37		81.23	.571	144.41		46.42
SURGERY	3		3		270.87		90.29	.054	90.29		4.84
PATHOLOGY	21		327		1,846.93		5.65	5.839	87.95		32.98
RADIOLOGY	10		13		1,591.82		122.45	.232	159.18		28.43
ROOM USE	34		58		1,795.68		30.96	1.036	52.81		32.07
CROSSOVERS/ALL OTH OUTPINT	23		29		34,137.71		1177.16	.518	1484.25		609.60
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	·	.00	•	.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000		Ś	.00
LEV A-INTERMEDIATE	0		0	Ψ	.00	۲	.00	.000	.00	۲	.00
LEV B-REHAB MD	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0								
LEV B-SUBACUTE HSPTL BASED	U				.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
LEV B-REGULAR	0		0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000	.00		.00
ICF DD	0		0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	2		3	\$	103.31	\$	34.44	.054		Ś	1.84
HOSPITAL BASED	2		3	Τ'	103.31	~	34.44	.054	51.66	7	1.84
INDEPENDENT FACILITY	ے 0		0		.00		.00	.000	.00		.00
	0		-	ċ		~				ċ	
@LABORATORY FACILITY	U		0	\$.00	\$.00	.000		Ş	.00
PATHOLOGY	0		0		.00		.00	.000	.00		.00
XO AND OTHERS	0		0		.00		.00	.000	.00		.00

@ORGANIZED OUTPATIENT CLINIC	2,321	3,564	\$	273,124.63	\$	76.63	63.643	\$	117.68	\$	4877.23
CLINIC	1	1		118.45		118.45	.018		118.45		2.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,320	3,563		273,006.18		76.62	63.625		117.68		4875.11
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE									AGE 7,928
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 185% PRO	GRAM	- INFANTS	AII	CODES 47	69				
							M	IONT	HLY AVERA	GE -	
56 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG	,	USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	27	130	\$	5,402.87	\$	41.56	2.321	\$	200.11	\$	96.48
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	7	41		547.98		13.37	.732		78.28		9.79
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		. 00		.00
MEDICAL TRANSPORTATION	1 1 0 1	0 0 63 62		2,984.64					2984.64 1184.64		53.30
AMBULANCES/AIR TRANS	1	62		1,184.64		19.11	1.125 1.107		1184.64		21.15
OTHER TRANS	0	0 1 0 0 0		.00		.00	.000		.00		.00
OTHER SERVICES	1	1		1,800.00		1800.00	.018		1800.00		32.14
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		0.0		.00	.000		.00		
GENETIC DISEASE TESTING	0 18	18		814.00		45.22	.321		45.22		.00 14.54
		0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		0.0		.00
IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	Ő		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	2	8		1,056.25		132.03	.143		528.13		18.86
PROSTHETTOS	2	8		1,056.25		132.03	.143		528.13		18.86
ORTHOTICS	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000		.00		.00
PSYCHOLOGIST SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00		.00
QCALIF. CHILDREN SERVICES*	ŭ	2,609	\$	940,299.09	Ś			Ś	3276.30	Š 1	
@XOVER EXCLUDING STATE HOSP**		2,003	\$.00	\$.00	.000		.00		.00
@* TOTALS IN THESE LINES ARE					Y	.00	.000	٧	.00	٧	• 00
THE AMOUNTS ARE ALREADY IN											
** THESE DATA ARE INCLUDED I			-	1120 12 .							
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE		NTH-OF-PAYMENT RI	E.POR'	FOR TAN	2002 THRII	DEC	2002	ÞΙ	AGE 7,929
MOP024	FEE-FOR-SERVICE		10 110	IVIII OI IIIIIIIVI IXI	DI OIV.	1 1 010 01110	2002 111110	טםכ	. 2002		01/17/03
MONTEREY COUNTY		ICES FOR 185% PRO	GRAM	- PREGNANT A	TD CO	DES 44 48	49				01/1//05
HOWELEN COOKIT	SOLITIME OF SERV	1010 1010 1000 1100	,014111		10 00	0000 11 10		TMOI	HLY AVERA	GE -	
19,507 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Δ1 <i>71</i>	RAGE COST	UNITS/DAY		COST PER		COST PER
19,007 EE101DEE0	OBLIND	OR DAYS OF CARE		EXILINDITORES			PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	12,168	60,056	\$	7,687,682.10	\$	128.01	3.079		631.80		394.10
@PHYSICIANS SERVICES	5,348	15,766	\$	1,094,371.14	\$	69.41	.808	\$	204.63		56.10
OUTPATIENT VISITS	2,303	5 , 784	т	225,652.19	Υ.	39.01	.297	~	97.98	~	11.57
OFFICE VISITS	333	394		13,609.48		34.54	.020		40.87		.70
HOME VISITS	5	5		197.00		39.40	.000		39.40		.01
DALD ATOTIO	420	4.5.0		197.00		59.40	.000		29.40		1 40

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EMERGENCY ROOM

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27,768.27 60.50

64.88 1.42

.024

PREVENTIVE CARE	8	8	306.52	38.32	.000	38.32	.02
OB VISITS/COMPRE PERI	1,557	4,753	178,571.24	37.57	.244	114.69	9.15
OTHER OUTPATIENT	134	165	5,199.68	31.51	.008	38.80	.27
INPATIENT VISITS	1,153	2,662	188,644.72	70.87	.136	163.61	9.67
HOSPITAL VISITS	1,045	1,928	84,942.40	44.06	.099	81.28	4.35
CRITICAL CARE	152	734	103,702.32	141.28	.038	682.25	5.32
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,019	2,174	515,519.18	237.13	.111	505.91	26.43
PRINCIPAL SURGEON	845	875	469,320.93	536.37	.045	555.41	24.06
ASSISTANT SURGEON	72	72	10,829.07	150.40	.004	150.40	.56
ANESTHESIOLOGIST	193	1,227	35,369.18	28.83	.063	183.26	1.81
OUTPATIENT SURGERY	360	665	41,927.39	63.05	.034	116.46	2.15
PRINCIPAL SURGEON	335	427	35,558.08	83.27	.022	106.14	1.82
ASSISTANT SURGEON	1	1	208.68	208.68	.000	208.68	.01
ANESTHESIOLOGIST	117	237	6,160.63	25.99	.012	52.65	.32
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	690	1,248	18,080.26	14.49	.064	26.20	.93
RADIOLOGY	1,649	2,024	71,779.31	35.46	.104	43.53	3.68
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	152	402	4,479.81	11.14	.021	29.47	.23
OTHER SERVICES/ALL X-OVERS	574	807	28,288.28	35.05	.041	49.28	1.45
@PHARMACY	2,612	5 , 800	\$ 156,196.90	\$ 26.93	.297	\$ 59.80	\$ 8.01
PRESCRIPTION DRUGS	2,500	5 , 156	103,533.52	20.08	.264	41.41	5.31
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	2,500	5 , 156	103,533.52	20.08	.264	41.41	5.31
MEDICAL SUPPLIES	304	644	52,663.38	81.78	.033	173.23	2.70
@DENTIST	34	118	\$ 2,384.00	\$ 20.20	.006	\$ 70.12	\$.12
VISITS - DIAGNOSTIC	23	76	569.00	7.49	.004	24.74	.03
ORAL SURGERY	7	11	1,050.00	95.45	.001	150.00	.05

DRUGS	1	1		15.00		15.00	.000	15.00		.00
ANESTHESIA	1	1		100.00		100.00	.000	100.00		.01
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	2	3		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	10	26		650.00		25.00	.001	65.00		.03
PROSTHETICS	0	0						.00		.00
	•	0		.00		.00	.000			
DENTURES, STAYPLATES	0	U		.00		.00	.000	.00		.00
SPACE MAINTAINERS	Ü	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	1	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	ES MONT	TH-OF-PAYMENT R	EPOR	T FOR JAN 2	2002 THRU D	EC 2002	P	AGE 7,930
MOP024	FEE-FOR-SERVICE	E/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 185% PRO	OGRAM -	- PREGNANT A	ID C	ODES 44 48	49			
							MO	NTHLY AVER	AGE	
19,507 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER		COST PER
•		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	0	т	.00	т.	.00	.000	.00	т.	.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	Ś	.00	.000		ċ	.00
-	0	0	۲		۲			.00	۲	
VISITS	0	•		.00		.00	.000			.00
OTHER SERVICES	U	0	Ć.	.00	<u> </u>	.00	.000	.00	<u>^</u>	.00
@PODIATRIST_	1	1	\$	51.21	\$	51.21	.000	•	Ş	.00
MEDICINE/INJECTIONS	1	1		51.21		51.21	.000	51.21		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	392	435	\$	28,518.96	\$	65.56	.022	\$ 72.75	\$	1.46
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ś	.00		\$.00	\$.00
@TOTAL HOSPITAL	5,426	20,273	Ś	5,092,180.78	Ś	251.18		\$ 938.48		261.04
HOSP INPATIENT TOTAL	1,066	3,531	Υ	4,703,541.62	Υ	1332.07	.181	4412.33	~	241.12
HSC HOSPITALS	826	2,558		3,020,247.52		1180.71	.131	3656.47		154.83
NON-HSC HOSPITAL TOTAL	243	973		1,683,294.10		1730.00	.050	6927.14		86.29
ACCOMMODATIONS	243	973		685,787.20		704.82	.050	2822.17		35.16
	243	0		•	יםי					
ADMINISTRATIVE DAYS	•			123.12C	.K	.00	.000	.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	243	973		685,910.32		704.94	.050	2822.68		35.16
ANCILLARIES	243	0		997,506.90		.00	.000	4104.97		51.14
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	1	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	4,809	16,742		388,639.16		23.21	.858	80.81		19.92
MEDICAL	176	218		12,563.92		57.63	.011	71.39		.64
SURGERY	188	220		8,287.24		37.67	.011	44.08		.42
PATHOLOGY	2,978	9,271		114,791.67		12.38	.475	38.55		5.88
RADIOLOGY	1,011	1,125		67,749.60		60.22	.058	67.01		3.47
ROOM USE	2,180	3,636		125,462.30		34.51	.186	57.55		6.43
CROSSOVERS/ALL OTH OUTPINT		2,272		59,784.43		26.31	.116	46.38		3.06
@COUNTY HOSPITAL TOTAL	3,663	13,883	\$	2,717,655.63	¢	195.75	.712		ς	139.32
CO HOSPITAL INPATIENT TOTAL	•	2,045	7	2,439,431.24	۲	1192.88	.105	3421.36	Y	125.05
HSC HOSPITALS	713	2,045		2,439,431.24		1192.88	.105	3421.53		125.05
HOC HODELLAND	110	2,043		4,409,004.00		1176.74	.103	J4ZI.J3		120.00

NON-HSC HOSPITALS TOTAL	0	0		123.12	CR	.00	.000	.00		.01CR
ACCOMMODATIONS	0	0		123.12		.00	.000	.00		.01CR
ADMINISTRATIVE DAYS	0	0		123.12		.00	.000	.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3 , 249	11,838		278,224.39		23.50	.607	85.63		14.26
MEDICAL	69	76		2,484.64	, L	32.69	.004	36.01		.13
SURGERY	128	148		5,050.38		34.12	.008	39.46		.26
PATHOLOGY	1,824	6,303		75,361.36		11.96	.323	41.32		3.86
RADIOLOGY	614	679		40,357.44		59.44	.035	65.73		2.07
ROOM USE	1,855	3,144		106,674.47		33.93	.161	57.51		5.47
CROSSOVERS/ALL OTH OUTPTNT		1,488		48,296.10		32.46	.076	50.62		2.48
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	•	TIDES MON						D	AGE 7,931
MOP024	FEE-FOR-SERVICE		IONES MOI	NIII OF FAIMENT	KELOK	I FOR UAN 2	2002 IIIKO DI	1C 2002	F 1	01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	,	PROGRAM	- PRECNANT	ATD C	ODES 44 48	A 9			01/1//03
MONIEREI COONII	DOMMANT OF BENT	TOES FOR 1056	TROGRAM	TREGNANT	AID C	ODED 44 40	MOI	JTHIV AMERA	CF .	
19,507 ELIGIBLES	USERS	UNITS OF SERV	CF	EXPENDITURES	. A77	FRACE COST	UNITS/DAYS		-	COST PER
19,307 EDIGIDES	ODERO	OR DAYS OF CA		EXIENDITONES		R UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,878	6,390		2,374,525.15		371.60		1264.39		-
COMM HOSP INPATIENT TOTAL	357	1,486	Y	2,264,110.38		1523.63	.076	6342.05	Y	116.07
HSC HOSPITALS	116	513		580,693.16		1131.96	.026	5005.98		29.77
NON-HSC HOSPITALS TOTAL	243	973		1,683,417.22		1730.13	.050	6927.64		86.30
ACCOMMODATIONS	243	973		685,910.32		704.94	.050	2822.68		35.16
ACCOMMODATIONS ADMINISTRATIVE DAYS	243	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	243	973		685,910.32		704.94	.050	2822.68		35.16
ANCILLARIES	243	0		997,506.90		.00	.000	4104.97		51.14
INPATIENT CROSSOVERS	243	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	1	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,643	4,904		110,414.77		22.52	.251	67.20		5.66
MEDICAL	107	142		10,079.28		70.98	.007	94.20		.52
SURGERY	60	72		3,236.86		44.96	.004	53.95		.17
PATHOLOGY	1,174	2,968		39,430.31		13.29	.152	33.59		2.02
RADIOLOGY	399	446		27,392.16		61.42	.023	68.65		1.40
ROOM USE	340	492		18,787.83		38.19	.025	55.26		.96
CROSSOVERS/ALL OTH OUTPTNT		784		11,488.33		14.65	.040	33.79		.59
@STATE HOSPITAL	0.0	0	\$.00		.00	.000		Ś	.00
MENTALLY ILL	0	0	Y	.00		.00	.000	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000		Ċ	.00
LEV A-INTERMEDIATE	0	0	Y	.00		.00	.000	.00	ې	.00
LEV A-INTERMEDIATE LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00

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LEV B-REGULAR

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@HEMODIALYSIS TOTAL

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HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	1	4	\$	177.79		44.45	.000		•
HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY	1	4 0 2,735		177.79		44.45	.000	177.79	.01
INDEPENDENT FACILITY	0	0	_	.00 57 , 208.99	_	.00 20.92	.000		.00
@LABORATORY FACILITY	1,318	2,735	Ş	57,208.99	Ş	20.92	.140		•
	1,317	2,734 1		57,161.79		20.91	.140	43.40	2.93
XO AND OTHERS	1	1		47.20		47.20	.000		.00
@ORGANIZED OUTPATIENT CLINIC	3,889	11,218	Ş	1,092,979.41	Ş	97.43	.575		
CLINIC	244	1,004		33,452.81		33.32	.051	137.10	1.71
SURGICENTER	244 0 0	0		• 0 0		• 0 0	. 0 0 0	.00	.00
HEROIN DETOX CLINIC	0	0		.00		.00		.00	.00
RURAL HEALTH CLINIC	3,646	10,214		1,059,526.60	1	L03.73	.524	290.60	54.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES MC	NTH-OF-PAYMENT R	EPORT I	FOR JAN 2	002 THRU I	DEC 2002	
	FEE-FOR-SERVICE								01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	1 - PREGNANT A	ID CODE	ES 44 48	49		
							MO	ONTHLY AVERA	GE
19,507 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVER <i>A</i>	AGE COST	UNITS/DAYS	S COST PER	COST PER
		OR DAYS OF CA	RE		PER U	JNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	1,240	3,706	\$	163,612.92	\$	44.15	.190	\$ 131.95	\$ 8.39
DURABLE MED. EQUIP.	42	296		1,799.11		6.08	.015	42.84	.09
BLOOD BANK	1	140		420.00		3.00	.007	420.00	.02
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00 690.77 422.35	.00
MEDICAL TRANSPORTATION	49	1,512		33,847.56		22.39	.078	690.77	1.74
AMBULANCES/AIR TRANS	48	1,503		20,272.56		13.49	.077	422.35	1.04
OTHER TRANS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	9	9		.00 13,575.00	1.9	508.33	.000	.00 1508.33	.70
ACUPUNCTURE	Ő	0		13,373.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		0.0		.00			.00
GENETIC DISEASE TESTING	0 0 857	862		13,575.00 .00 .00 .00 74,000.75		85 85	044	86.35	3.79
THAC MODEL NE ME NIDO MOOD	0.57	002		.00 74,000.75 .00 .00 .00 43,105.38 .00 10,440.12 3,517.84 6,922.28		00.00	.000	.00	.00
OCCUDATIONAL TUEDADICT	0	0		.00		.00	.000	.00	.00
ODTICIAN	0	0		.00		.00	.000	.00	.00
OFITCIAN MIEDADIOM	266	722		42 105 20		50 70	.000	.00 162.05	2.21
PODMADLE V DAV	200	0		43,103.30		39.70	.000	102.03	.00
PORTABLE X-RAY	0.0	174		10 440 12		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	80	1/4		10,440.12		60.00	.009	130.50 117.26	.54
PROSTHETICS	30	104		3,51/.84		33.83	.005	117.26	.18
ORTHOTICS	6 /	70		6,922.28		98.89	.004	103.32	.35
PSYCHOLOGIST	U	0		.00		.00	.000	.00	
SPEECH AND AUDIOLOGY	U	0		.00		.00	.000	.00	.00
HOSPICE SERVICES	U	0		.00		.00	.000	.00	.00
GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS PSYCHOLOGIST SPEECH AND AUDIOLOGY HOSPICE SERVICES NONINST BIRTHING CENTERS LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00		.00			.00
@CALIF. CHILDREN SERVICES*	57	497		351,989.71		708.23		\$ 6175.26	
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE</pre>	GIVEN AS A SEPAR	RATE INFORMATION	ITEM C	NLY;					
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE AE	PROPRIATE DETAI	L LINES	B ABOVE.					
** THESE DATA ARE INCLUDED I									
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES MC	NTH-OF-PAYMENT R	EPORT I	FOR JAN 2	002 THRU 1	DEC 2002	PAGE 7,933
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 60-DA	Y POST	PARTUM PROGRAM	Z	AID CODE	76		
							MO	ONTHLY AVERA	GE
142 ELICIDIEC	HOEDO	INTER OF CERTIF	O.E.	EADENDIBLIDEC	7 7 7 7 7 7	CE COCE	TINITHO / DAY	COCH DED	COCH DED

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

USER

ELIGIBLE

PER UNIT/DAY PER ELIG

143 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

@TOTAL, ALL PROVIDERS	221	509	\$	24,036.16	\$	47.22	3.559	108.76	\$	168.09
@PHYSICIANS SERVICES	86	138	\$	6,325.16	\$	45.83	.965	73.55	\$	44.23
OUTPATIENT VISITS	38	45		1,624.29		36.10	.315	42.74		11.36
OFFICE VISITS	11	13		298.63		22.97	.091	27.15		2.09
HOME VISITS	0	0		.00		.00	.000	.00		.00
EMERGENCY ROOM	10	10		507.70		50.77	.070	50.77		3.55
PREVENTIVE CARE	0	0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	14	17		707.68		41.63	.119	50.55		4.95
OTHER OUTPATIENT	4	5		110.28		22.06	.035	27.57		.77
INPATIENT VISITS	4	17		1,211.45		71.26	.119	151.43		8.47
	8	12		•						
HOSPITAL VISITS	/			550.17		45.85	.084	78.60		3.85
CRITICAL CARE	2	5		661.28		132.26	.035	330.64		4.62
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.00		.00
EXAMINATIONS	0	0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	5	8		1,602.88		200.36	.056	320.58		11.21
PRINCIPAL SURGEON	3	3		1,418.94		472.98	.021	472.98		9.92
ASSISTANT SURGEON	1	1		7.88		7.88	.007	7.88		.06
ANESTHESIOLOGIST	1	4		176.06		44.02	.028	176.06		1.23
OUTPATIENT SURGERY	9	12		637.14		53.10	.084	70.79		4.46
PRINCIPAL SURGEON	8	9		541.29		60.14	.063	67.66		3.79
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	2	3		95.85		31.95	.021	47.93		.67
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	34	36		726.54		20.18	.252	21.37		5.08
RADIOLOGY	6	6		176.47		29.41	.042	29.41		1.23
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	5		64.03		12.81	.035	32.02		.45
OTHER SERVICES/ALL X-OVERS	9	9		282.36		31.37	.063	31.37		1.97
	17	72	\$		\$				ċ	5.59
@PHARMACY	16		Ą	798.71	Ą	11.09	.503 \$		Ş	
PRESCRIPTION DRUGS		20		579.80		28.99	.140	36.24		4.05
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	16	20		579.80		28.99	.140	36.24		4.05
MEDICAL SUPPLIES	2	52		218.91		4.21	.364	109.46		1.53
@DENTIST	0	0	\$.00	\$.00	.000 \$		Ş	.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITUR	ES MO		E.POP'				D	AGE 7,934
MOP024	FEE-FOR-SERVICE		F1O	MILL OF LATRICIAL IV.	шт ОIV.	I FOR UMN 2	Z IIINO DE	10 2002	E'A	01/17/03
MONTEREY COUNTY		I/DENTAL ICES FOR 60-DAY	DOGT	DADTIM DDOCDAM		AID CODE	76			01/11/03
HOMIEKET COOMII	POLITALVI OF SEK	TOES FOR OU-DAY	1001	TUVION IVORVAN		VID CODE	MON	עמ <i>בווע</i> אוושו	CF.	
143 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/ 7/7	ZDXCE COCH	UNITS/DAYS			COST PER
TAO TITATOTO	USEKS	ONTID OF DEKATCE		TVLTMNTIAKŢ2	AVI	TODI	ONTID/DWID	COSI PER	(COSI LEK

@OPTOMETRIST	Λ	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0	0	Υ	.00	Υ	.00	.000	۲	.00	7	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	ς	.00	.000	\$.00	Ś	.00
MEDICINE/INJECTIONS	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	Ċ	.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0	0	¢.	.00	ر خ	.00	.000	ڊ خ	.00	Ċ	.00
NURSE MIDWIFE	0	0	¢	.00	ć	.00	.000	Ċ	.00	Ċ	.00
PEDIATRIC NURSE PRACTITIONER	0	0	ر د	.00	٠	.00	.000	۲	.00	۲	.00
FAMILY NURSE PRACTITIONER	0	0	ج خ	.00	ې خ	.00	.000	ڊ خ	.00	ې خ	.00
@TOTAL HOSPITAL	55	132	۶ \$	6,139.61	ې خ	46.51	.923	\$	111.63	۶ \$	42.93
HOSP INPATIENT TOTAL	22	132	Ą	2,400.01	Ą	1200.01	.014	Ş	1200.01	ې	16.78
	2	2		•							
HSC HOSPITALS	2	2		2,400.01		1200.01	.014		1200.01		16.78
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	U	U		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	U		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	53	130		3,739.60		28.77	.909		70.56		26.15
MEDICAL	3	6		578.02		96.34	.042		192.67		4.04
SURGERY	1	1		28.49		28.49	.007		28.49		.20
PATHOLOGY	33	62		1,168.69		18.85	.434		35.41		8.17

RADIOLOGY	5	5	249.81	49.96	.035	49.96	1.75
ROOM USE	23	29	1,231.96	42.48	.203	53.56	8.62
CROSSOVERS/ALL OTH OUTPINT	15	27	482.63	17.88	.189	32.18	3.38
@COUNTY HOSPITAL TOTAL	36	102 \$	5,214.14	\$ 51.12	.713	\$ 144.84	\$ 36.46
CO HOSPITAL INPATIENT TOTAL	2	2	2,400.01	1200.01	.014	1200.01	16.78
HSC HOSPITALS	2	2	2,400.01	1200.01	.014	1200.01	16.78
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	34	100	2,814.13	28.14	.699	82.77	19.68
MEDICAL	2	5	446.71	89.34	.035	223.36	3.12
SURGERY	1	1	28.49	28.49	.007	28.49	.20
PATHOLOGY	19	38	691.65	18.20	.266	36.40	4.84
RADIOLOGY	4	4	178.93	44.73	.028	44.73	1.25
ROOM USE	22	28	1,096.71	39.17	.196	49.85	7.67
CROSSOVERS/ALL OTH OUTPINT	12	24	371.64	15.49	.168	30.97	2.60
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,935
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES F	OR 60-DAY PO	ST PARTUM PROGRAM	AID CODE	76		

MONTENET COUNTY	DOMINANT OF DEIN	VICED FOR OU DAT	1001	I AINTOIT I NOONAIT		AID CODE	7 0			
							MO	NTHLY AVERA	AGE	
143 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	19	30	\$	925.47	\$	30.85	.210	\$ 48.71	\$	6.47
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	19	30		925.47		30.85	.210	48.71		6.47
MEDICAL	1	1		131.31		131.31	.007	131.31		.92
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	14	24		477.04		19.88	.168	34.07		3.34
RADIOLOGY	1	1		70.88		70.88	.007	70.88		.50
ROOM USE	1	1		135.25		135.25	.007	135.25		.95
CROSSOVERS/ALL OTH OUTPINT	3	3		110.99		37.00	.021	37.00		.78
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	30	49	\$	1,173.65	\$	23.95	.343	\$	39.12	\$	8.21
PATHOLOGY	30	49		1,173.65		23.95	.343		39.12		8.21
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	63	116	\$	9,444.72	\$	81.42	.811	\$	149.92	\$	66.05
CLINIC	13	50		1,284.96		25.70	.350		98.84		8.99
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	50	66		8,159.76		123.63	.462		163.20		57.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-OF	-PAYMENT	REPORT	FOR JAN 20	002 THRU	DEC	2002	PΑ	AGE 7,936
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST PARTUM	PROGRAM		AID CODE	76				

11011121121 0001111	00111111111 01 01111	1020 1010 00 2111 1001		1112 0022	, 0		
					MON		-
143 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	, -	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	2 \$	154.31	\$ 77.16	.014 \$	77.16	\$ 1.08
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	41.00	41.00	.007	41.00	.29
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	1	1	113.31	113.31	.007	113.31	.79
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	9 \$	922.01	\$ 102.45	.063 \$	307.34	\$ 6.45
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,937

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76 MONTEREY COUNTY

						MO	NTHLY AVERA	GE	
19,706 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
·		OR DAYS OF CARE	2		PER UNIT/DAY		USER	E]	LIGIBLE
@TOTAL, ALL PROVIDERS	15,025	66,916	\$	8,932,627.64	\$ 133.49	3.396	\$ 594.52	\$	453.29
@PHYSICIANS SERVICES	5,625	17,272	\$	1,232,847.50	\$ 71.38	.876	\$ 219.17	\$	62.56
OUTPATIENT VISITS	2,401	5,890		230,991.47	39.22	.299	96.21		11.72
OFFICE VISITS	371	435		15,841.20	36.42	.022	42.70		.80
HOME VISITS	5	5		197.00	39.40	.000	39.40		.01
EMERGENCY ROOM	448	478		29,212.83	61.11	.024	65.21		1.48
PREVENTIVE CARE	8	8		306.52	38.32	.000	38.32		.02
OB VISITS/COMPRE PERI	1,571	4,770		179,278.92	37.58	.242	114.12		9.10
OTHER OUTPATIENT	161	194		6,155.00	31.73	.010	38.23		.31
INPATIENT VISITS	1,239	3,358		271,882.50	80.97	.170	219.44		13.80
HOSPITAL VISITS	1,103	2,254		106,345.67	47.18	.114	96.41		5.40
CRITICAL CARE	198	1,104		165,536.83	149.94	.056	836.04		8.40
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	4	11		632.52	57.50	.001	158.13		.03
EXAMINATIONS	4	11		632.52	57.50	.001	158.13		.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1,067	2,488		548,898.88	220.62	.126	514.43		27.85
PRINCIPAL SURGEON	882	928		493,412.88	531.69	.047	559.43		25.04
ASSISTANT SURGEON	74	74		11,185.42	151.15	.004	151.15		.57
ANESTHESIOLOGIST	209	1,486		44,300.58	29.81	.075	211.96		2.25
OUTPATIENT SURGERY	378	726		45,694.96	62.94	.037	120.89		2.32
PRINCIPAL SURGEON	349	444		38,179.94	85.99	.023	109.40		1.94
ASSISTANT SURGEON	1	1		208.68	208.68	.000	208.68		.01
ANESTHESIOLOGIST	123	281		7,306.34	26.00	.014	59.40		.37
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	725	1,285		18,874.14	14.69	.065	26.03		.96
RADIOLOGY	1,702	2,116		74,388.27	35.16	.107	43.71		3.77
PSYCHIATRY	0	, 0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	154	407		4,543.84	11.16	.021	29.51		.23
OTHER SERVICES/ALL X-OVERS	633	991		36,940.92	37.28	.050	58.36		1.87
@PHARMACY	2,696	6,113	\$	174,791.98	\$ 28.59	.310		\$	8.87
PRESCRIPTION DRUGS	2,572	5,300		118,956.99	22.44	.269	46.25		6.04
SNF/ICF	. 0	, 0		.00	.00	.000	.00		.00
OUTPATIENTS	2,572	5,300		118,956.99	22.44	.269	46.25		6.04
MEDICAL SUPPLIES	326	813		55,834.99	68.68	.041	171.27		2.83
@DENTIST	41	127	\$	2,724.00	\$ 21.45	.006	\$ 66.44	\$.14
VISITS - DIAGNOSTIC	26	79		634.00	8.03	.004	24.38		.03
ORAL SURGERY	9	13		1,225.00	94.23	.001	136.11		.06
DRUGS	1	1		15.00	15.00	.000	15.00		.00
ANESTHESIA	3	3		200.00	66.67	.000	66.67		.01
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	2	3		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	10	26		650.00	25.00	.001	65.00		.03
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	2	2		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	Ö	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,938

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 185%/60-DAY	PP AID CODES 4	44 47 48 49 69			
10 506					MONT		
19,706 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_	_	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00 \$	
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	2	3 \$	164.16	\$ 54.72	.000 \$	82.08 \$.01
MEDICINE/INJECTIONS	2	3	164.16	54.72	.000	82.08	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0 0 0 0 0 2 2 2 0 0 0 403	476 \$	31,507.37	\$ 66.19	.024 \$	78.18 \$	
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00 \$	
NURSE MIDWIFE	0		.00	\$.00	.000 \$.00 \$	
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00 \$	
FAMILY NURSE PRACTITIONER	0	0 \$.00 \$	
	0 5,591 1,110	0 \$ 0 \$ 0 \$ 21,398 \$.000 \$		
@TOTAL HOSPITAL	5,591	Z1,398 \$	5,887,210.03		•	1052.98 \$	
HOSP INPATIENT TOTAL	I, IIO	4,010	5,448,874.04	1358.82	.203	4908.90	276.51
HSC HOSPITALS	869	3,036	3,761,433.53	1238.94	.154	4328.46	190.88
NON-HSC HOSPITAL TOTAL	244	974	1,687,440.51	1732.49	.049	6915.74	85.63
ACCOMMODATIONS	244	974	687 , 539.50	705.89	.049	2817.78	34.89
ADMINISTRATIVE DAYS	244 0 0 244 244	0	123.12CF		.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	244	974	687 , 662.62	706.02	.049	2818.29	34.90
ANCILLARIES		0	999,901.01	.00	.000	4097.95	50.74
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	4,941	17,388	438,335.99		.882	88.71	22.24
MEDICAL	201	264	16,368.08	25.21 62.00 38.33	.013	81.43	.83
SURGERY	192	224	8,586.60	38.33	.011	44.72	. 44
PATHOLOGY	3,032	9,660	117,807.29	12.20	.490	38.85	5.98
RADIOLOGY	1,029	1,149	69,764.98	60.72	.058	67.80	3.54
ROOM USE	2.249	3,750	129,404.44	34.51	.190	57.54	6.57
CROSSOVERS/ALL OTH OUTPTNT	•	2,341	96,404.60	41.18	.119	72.32	4.89
@COUNTY HOSPITAL TOTAL	3 729	14,120 \$	2,825,152.62		.717 \$		
CO HOSPITAL INPATIENT TOTAL	3,729 730	2,128	2,540,399.25	1193.80	.108	3480.00	128.92
HSC HOSPITALS	730	2,128	2,540,522.37	1193.85	.108	3480.17	128.92
NON-HSC HOSPITALS TOTAL	0	2,120	123.12CF		.000	.00	.01CR
	0	0	123.120		.000	.00	.01CR
ACCOMMODATIONS	0	0	123.12CF			.00	.01CR
ADMINISTRATIVE DAYS	0	0	123.12CF		.000		
TRANSITIONAL IP CARE		U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U	.00	.00	.000	.00	.00
ANCILLARIES	0	0 0 0 0 0 0 0 0 11,992 89	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	3,298	11,992	284,753.37	23.75	.609	86.34	14.45
MEDICAL	75	89	3,558.12	39.98	.005	47.44	.18
SURGERY	129	149	5 , 078.87	34.09	.008	39.37	.26
PATHOLOGY	1,843	6,341	76,053.01	11.99	.322	41.27	3.86

RADIOLOGY	621	689	40,710.12	59.09	.035	65.56	2.07
ROOM USE	1,889	3 , 199	108,685.68	33.97	.162	57.54	5.52
CROSSOVERS/ALL OTH OUTPTNT	972	1,525	50,667.57	33.22	.077	52.13	2.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	2002	PAGE 7,939
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	DR 185%/60-D <i>P</i>	AY PP AID CODES 44 47	48 49 69 76			

HONIENEI COONII	SOMMAN OF SERV	VICED FOR 1036/00	DAILI	AID CODES	11 11 10 10 00	, , 0				
						Mo	ONTF	HLY AVERA	.GE	
19,706 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVERAGE COST	UNITS/DAY	S C	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,980	7,278	\$	3,062,057.41	\$ 420.73	.369	\$	1546.49	\$	155.39
COMM HOSP INPATIENT TOTAL	386	1,882		2,908,474.79	1545.42	.096		7534.91		147.59
HSC HOSPITALS	144	908		1,220,911.16	1344.62	.046		8478.55		61.96
NON-HSC HOSPITALS TOTAL	244	974		1,687,563.63	1732.61	.049		6916.24		85.64
ACCOMMODATIONS	244	974		687,662.62		.049		2818.29		34.90
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	244	974		687,662.62	706.02	.049		2818.29		34.90
ANCILLARIES	244	0		999,901.01	.00	.000		4097.95		50.74
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	1	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,726	5 , 396		153,582.62	28.46	.274		88.98		7.79
MEDICAL	126	175		12,809.96	73.20	.009		101.67		.65
SURGERY	63	75		3,507.73	46.77	.004		55.68		.18
PATHOLOGY	1,209	3 , 319		41,754.28	12.58	.168		34.54		2.12
RADIOLOGY	410	460		29,054.86	63.16	.023		70.87		1.47
ROOM USE	375	551		20,718.76	37.60	.028		55.25		1.05
CROSSOVERS/ALL OTH OUTPTNT	366	816		45,737.03	56.05	.041		124.96		2.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00

LEV B-REHAB MD	0	\cap		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	Ś	.00	.000	Ś	.00	\$.00
ICF DDH	0	0	Υ	.00	Υ	.00	.000	۲	.00	7	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	Ś	.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0	0	Τ	.00	т	.00	.000	т	.00	Τ.	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	3	7	Ś	281.10	\$	40.16	.000	Ś	93.70	Ś	.01
HOSPITAL BASED	3	7	Τ	281.10	т	40.16	.000	т	93.70	Τ.	.01
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,348	2,784	Ś	58,382.64	\$	20.97	.141	Ś	43.31	Ś	2.96
PATHOLOGY	1,347	2,783	т.	58,335.44	т	20.96	.141	4	43.31	т.	2.96
XO AND OTHERS	1	1		47.20		47.20	.000		47.20		.00
@ORGANIZED OUTPATIENT CLINIC	6,273	14,898	\$	1,375,548.76	Ś	92.33	.756	Ś	219.28	Ś	69.80
CLINIC	258	1,055		34,856.22		33.04	.054		135.10		1.77
SURGICENTER	0	-, 0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6,016	13,843		1,340,692.54		96.85	.702		222.85		68.03
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	•	RES M	• •	EPORT			DEC		PΖ	AGE 7,940
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICE		0-DAY	PP AID CODES	44 47	48 49 69 7	76				
						-	M	TINC	HLY AVERA	GE -	

				MONTHLY AVERAGE			
19,706 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,269	3 , 838 \$	169,170.10	\$ 44.08	.195 \$	133.31	\$ 8.58
DURABLE MED. EQUIP.	49	337	2,347.09	6.96	.017	47.90	.12
BLOOD BANK	1	140	420.00	3.00	.007	420.00	.02
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	50	1,575	36,832.20	23.39	.080	736.64	1.87
AMBULANCES/AIR TRANS	49	1,565	21,457.20	13.71	.079	437.90	1.09
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	10	10	15,375.00	1537.50	.001	1537.50	.78
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	876	881	74,855.75	84.97	.045	85.45	3.80
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	267	723	43,218.69	59.78	.037	161.87	2.19
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	82	182	11,496.37	63.17	.009	140.20	.58
PROSTHETICS	32	112	4,574.09	40.84	.006	142.94	.23
ORTHOTICS	67	70	6,922.28	98.89	.004	103.32	.35
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	347	3,115	\$ 1,293,210.81	\$ 415.16	.158	\$ 3726.83	\$ 65.63
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,941
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16

MONTEREY COUNTY	SUMMARY OF SERV	VICES FOR TITLE II DI	SREGARD - AGED	AID CODE	16		
					MON	THLY AVERAG	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	240	1 , 194 \$	54,551.27	\$ 45.69	1194.000 \$		\$ 54551.27
@PHYSICIANS SERVICES	1	3 \$	4.26	\$ 1.42	3.000 \$	4.26	\$ 4.26
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	3	4.26	1.42	3.000	4.26	4.26
@PHARMACY	38	57 \$	4,034.97	\$ 70.79	57.000 \$		•
PRESCRIPTION DRUGS	38	57	4,034.97	70.79	57.000	106.18	4034.97
SNF/ICF	7	11	873.07	79.37	11.000	124.72	873.07
OUTPATIENTS	31	46	3,161.90	68.74	46.000	102.00	3161.90
MEDICAL SUPPLIES	0 87	0	.00	.00	.000	.00	.00
@DENTIST	•	318 \$	13,337.28	\$ 41.94	318.000 \$		\$ 13337.28
VISITS - DIAGNOSTIC	61 9	211	2,732.53	12.95	211.000	44.80	2732.53
ORAL SURGERY	9	23	1,090.00	47.39	23.000	121.11	1090.00
DRUGS	2	•	.00	.00	.000	.00	.00
ANESTHESIA	2 1	3	200.00	66.67	3.000	100.00	200.00
PERIODONTICS	1	2	200.00	200.00	1.000	200.00	200.00
ENDODONTICS	23	2 45	475.00	237.50	2.000 45.000	475.00 142.90	475.00 3286.75
RESTORATIVE DENTISTRY	23	45	3,286.75	73.04			
PROSTHETICS	U	U	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	20	33	5,353.00	162.21	33.000	267.65	5353.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,942
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD - AGED	AID COD	E 16		
							~=

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR	TITLE I	I DISF	REGARD - AGED		AID CODE	16				
								M	ONT	HLY AVERA	GE	
01 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
NURSE ANESTHESIST	0		Ö	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2		7	S	53.31	Ś	7.62	7.000		26.66	Ś	53.31
HOSP INPATIENT TOTAL	0		0	'	.00	'	.00	.000		.00		.00
HSC HOSPITALS	0		Ō		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		Ō		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2		7		53.31		7.62	7.000		26.66		53.31
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	2		7		53.31		7.62	7.000		26.66		53.31
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 7,943
MOP024	FEE-FOR-SERVICE/DEN						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR TITLE II DIS	REGARD - AGED	AID CODE			
					MONI		
01 ELIGIBLES		TS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	7 \$	53.31	\$ 7.62	7.000 \$	26.66	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	7	53.31	7.62	7.000	26.66	53.31
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	2	7	53.31	7.62	7.000	26.66	53.31
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOODEMAL DAGED	0	0	0.0	0.0	000	0.0	0.0

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HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

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@ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC	21 0 0 0	27 0 0 0	\$	2,216.89 .00 .00	\$ 82.11 .00 .00 .00	27.000 \$.000 .000	105.57 .00 .00	\$ 2216.89 .00 .00
RURAL HEALTH CLINIC	21	27		2,216.89	82.11	27.000	105.57	2216.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES N	MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 7,944
MOP024	FEE-FOR-SERVICE	/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR TITLE I	I DI	ISREGARD - AGED	AID CODE	16		
						MON	THLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	109	782	\$	34,904.56	\$ 44.63	782.000 \$	320.23	\$ 34904.56
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	3		38.38	12.79	3.000	38.38	38.38
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	3		38.38	12.79	3.000	38.38	38.38
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	1	7		465.78	66.54	7.000	465.78	465.78
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	72	689		33,330.50	48.38	689.000	462.92	33330.50
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	36	79		981.97	12.43	79.000	27.28	981.97
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1		52.70	52.70	1.000	52.70	52.70

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3		35.23	11.74	3.000	17.62	35.23
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	3	16	\$	131.18	\$ 8.20	16.000	\$ 43.73	\$ 131.18
A* TOTALS IN TURSE IINES ARE CIVEN A	C A CEDADATE	T TNEODMATTON TO	PEM ONIV.					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,945 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

MONTENET COUNTY	SOPPART OF SERVIC	ES FOR TITLE		DISIN	LIGAND	DHIND	AID	CODES 20	M		עדע אזייםאי	CE	
00 ELIGIBLES	USERS U	NITS OF SERVI	CE		מתמטת	NDITURES	7/ 7/ 77	DACE COCE	UNITS/DAY		COST PER		COST PER
00 FILGIDIES		OR DAYS OF CA			EVLEL	NDIIOKES			PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1	OR DAIS OF CA	1711	¢		55.00	\$	27.50	.000		55.00	\$.00
@PHYSICIANS SERVICES	0	0	:			.00	\$.00		\$.00	\$.00
OUTPATIENT VISITS	0	0	•	7		.00	Ÿ	.00	.000	Y	.00	Y	.00
OFFICE VISITS	0	0				.00		.00	.000		.00		.00
HOME VISITS	0	0				.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0				.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0				.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0				.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0				.00		.00	.000		.00		.00
INPATIENT VISITS	0	0				.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0				.00		.00	.000		.00		.00
CRITICAL CARE	0	0				.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0				.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0				.00		.00	.000		.00		.00
EXAMINATIONS	0	0				.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0				.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0				.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0				.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0				.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0				.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0				.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0				.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0				.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0				.00		.00	.000		.00		.00
DIALYSIS	0	0				.00		.00	.000		.00		.00
PATHOLOGY	0	0				.00		.00	.000		.00		.00
RADIOLOGY	0	0				.00		.00	.000		.00		.00
PSYCHIATRY	0	0				.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0				.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0				.00		.00	.000		.00		.00
@PHARMACY	0	0	:	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0				.00		.00	.000		.00		.00
SNF/ICF	0	0				.00		.00	.000		.00		.00
OUTPATIENTS	0	0				.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0				.00		.00	.000		.00		.00
@DENTIST	1	2	:	\$		55.00	\$	27.50	.000	\$	55.00	\$.00
VISITS - DIAGNOSTIC	1	2				55.00		27.50	.000		55.00		.00
ORAL SURGERY	0	0				.00		.00	.000		.00		.00

DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
	0	0					
RESTORATIVE DENTISTRY	Ü	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ORTHODONTIC SERVICES	U	U	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 7,946
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DISR	EGARD - BLIND	AID CODES 26	6A		
1101112121 0001111	00111111111 01 0111111	020 1010 11122 11 5101	201112	1112 00220 20	MONT	ישוע אזידים אר	`F
OO ELICIDIES	HOEDO	INTEC OF CEDITOR	EXPENDIBLIDES	ATTEDACE COOM			
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
	0						
@CHIROPRACTOR	U	· ·	.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	Ô	0	.00	.00	.000	.00	.00
	0	0				.00	
RADIO./PATHOLOGY	U		.00	.00	.000		.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 \$.00				•
@TOTAL HOSPITAL	U	• · · · · ·		,	.000 \$.00	
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
	0	0					
ALL OTHER ACCOM	U	U	.00	.00	.000	.00	.00
ANCILLARIES	O	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
	0	0					
SURGERY	ŭ	· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL		0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	S AND EXPENDITURES M					PAGE 7,947
MOP024	FEE-FOR-SERVICE/I						01/17/03
MONTEREY COUNTY		CES FOR TITLE II DI	SREGARD - BLIND	AID CODES 26	6A		,,
					MONT	HLY AVERAC	GE
00 ELIGIBLES	USERS (NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

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@INTERMEDIATE CARE FACIL.-DD

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0		.00	\$.00	.000		Ś	.00
CLINIC	0	0	'	.00	τ	.00	.000	.00	Ψ	.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
			midec Mo						DAG	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		IURES MO	ONTH-OF-PAYMENT R	(EPORI	FOR JAN 2	ZUUZ IRKU I	DEC 2002		E 7,948 01/17/03
MOPUZ4 MONTEREY COUNTY	SUMMARY OF SERVICE/		E TT DT(SDECARD DITAID	7 TD	CODES 26	C 70			01/1//03
MONIEREI COUNII	SUMMARI OF SERVI	CES FOR IIIL	E II DIS	SKEGARD - BLIND	AID	CODES 26		ONTHLY AVERA	CE	
00 ELICIDIES	HCEDC	INTEG OF CERT	TOE	EVDENDIBLIDEC	7, 7, 7, 77	DACE COCE			-	
00 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES				S COST PER		ST PER
	0	OR DAYS OF C		0.0			PER ELIG	USER		IGIBLE
@ALL OTHER PROVIDERS	0	0		.00	\$.00	.000		Ş	
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0		.00	Ġ	.00	.000		Ġ	.00
@XOVER EXCLUDING STATE HOSP**	•	0		.00		.00	.000	•		.00
@* TOTALS IN THESE LINES ARE		•	т.		Υ	• 0 0	.000		Y	• 0 0
THE AMOUNTS ARE ALREADY IN										
** THESE DATA ARE INCLUDED 1				• ETA O OTE •						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE			NTH-OF-DAVMENT D		FOR JAM 3	ו זומשי 2002	DEC 2002	DAC	F 7 949
MOP024	FEE-FOR-SERVICE		TOTALO IAIC	NATH OF EVILLINI D	VII OI/I	FOR UAN 2				01/17/03
MONTEREY COUNTY			F TT DTG	SREG - DISABLED A	TD CO	DEG 36 66	6C			01/1//00
LIOINTEIMET COOMIT	COLIMATO OF SERVI		DI	NEG DISABIED A	71D CO	70 00		NITHE ATTER	CE -	

USERS UNITS OF SERVICE

OR DAYS OF CARE

01 ELIGIBLES

----- MONTHLY AVERAGE -----

PER UNIT/DAY PER ELIG USER ELIGIBLE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

@TOTAL, ALL PROVIDERS	374	1,194	\$ 143,637.05	\$ 120.30	1194.000	\$ 384.06	\$143637.05
@PHYSICIANS SERVICES	1	. 1	\$ 36.57	\$ 36.57	1.000	\$ 36.57	\$ 36.57
OUTPATIENT VISITS	1	1	36.57	36.57	1.000	36.57	36.57
OFFICE VISITS	1	1	36.57	36.57	1.000	36.57	36.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	245	563	\$ 109,157.67	\$		\$ 445.54	\$109157.67
PRESCRIPTION DRUGS	245	563	109,157.67	193.89	563.000	445.54	109157.67

SNF/ICF	7	27	5,667.88	209.92	27.000	809.70	5667.88
OUTPATIENTS	238	536	103,489.79	193.08	536.000	434.83	103489.79
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	107	513 \$	26,794.58	\$ 52.23	513.000	\$ 250.42	\$ 26794.58
VISITS - DIAGNOSTIC	60	280	3,134.57	11.19	280.000	52.24	3134.57
ORAL SURGERY	14	58	3,155.00	54.40	58.000	225.36	3155.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	4	4	300.00	75.00	4.000	75.00	300.00
PERIODONTICS	8	8	1,455.00	181.88	8.000	181.88	1455.00
ENDODONTICS	9	19	3,070.00	161.58	19.000	341.11	3070.00
RESTORATIVE DENTISTRY	35	98	8,784.50	89.64	98.000	250.99	8784.50
PROSTHETICS	1	1	30.00	30.00	1.000	30.00	30.00
DENTURES, STAYPLATES	14	45	6,865.51	152.57	45.000	490.39	6865.51
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,950

MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C 01/17/03

----- MONTHLY AVERAGE -----

01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S (COST PER	.01	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4	20	\$ 2,645.28	\$	132.26	20.000	\$	661.32	\$	2645.28
HOSP INPATIENT TOTAL	2	14	1,604.00		114.57	14.000		802.00		1604.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	14	1,604.00		114.57	14.000		802.00		1604.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	3	6	1,041.28		173.55	6.000		347.09		1041.28
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00

RADIOLOGY	0	0	964.38	.00	.000	.00	964.38	
ROOM USE	1	1	33.86	33.86	1.000	33.86	33.86	
CROSSOVERS/ALL OTH OUTPINT	2	5	43.04	8.61	5.000	21.52	43.04	
@COUNTY HOSPITAL TOTAL	2	13	825.86	\$ 63.53	13.000	\$ 412.93	\$ 825.86	
CO HOSPITAL INPATIENT TOTAL	1	12	792.00	66.00	12.000	792.00	792.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	1	12	792.00	66.00	12.000	792.00	792.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	1	1	33.86	33.86	1.000	33.86	33.86	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	1	1	33.86	33.86	1.000	33.86	33.86	
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND						PAGE 7,951	
MOP024	FEE-FOR-SERVICE/DENTA		5 MONIII OF FAIMENT N	METOKI POK UAN	2002 IIINO L	DEC 2002	01/17/03	
MONTEREY COUNTY	SIMMARY OF SERVICES FO		DICREC DICABLED A	ID CODEC 26 6	6 60		01/1//03	

MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

HOWELLE COOK!	COLUMN OF CHIC	VIOLO IOI	111111	. I DIONE	O DIGINDED II	.10 00	220 30 00	MC	ОИТНІ	LY AVERA	GE	
01 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		OST PER	-	COST PER
		OR DAYS					UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2		7	\$	1,819.42	\$	259.92	7.000	\$	909.71	\$	1819.42
COMM HOSP INPATIENT TOTAL	1		2	•	812.00	•	406.00	2.000		812.00		812.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		2		812.00		406.00	2.000		812.00		812.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2		5		1,007.42		201.48	5.000		503.71		1007.42
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		964.38		.00	.000		.00		964.38
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	2		5		43.04		8.61	5.000		21.52		43.04
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	2CR	\$	1,960.76	\$	980.38CR	2.000CR\$.00	\$	1960.76
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	2CR		1,960.76		980.38CR	2.000CR	.00		1960.76
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	37	44	\$	3,225.22	\$	73.30	44.000 \$	87.17	\$	3225.22
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	37	44		3,225.22		73.30	44.000	87.17		3225.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUR	RES MON'	TH-OF-PAYMENT R	EPOR1	FOR JAN 2	002 THRU DE	EC 2002	E	PAGE 7,952
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	TITLE I	I DISRI	EG - DISABLED A	ID CO	DES 36 66	6C			

EXPENDITURES

----- MONTHLY AVERAGE -----

.00

.00

1202.60

517.41 \$ 1034.81

\$ 3607.80

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COST PER

AVERAGE COST UNITS/DAYS COST PER

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517.41

\$ 1202.60

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2.000 \$

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1,034.81

3,607.80

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 25 55 183.03CR \$ 3.33CR 55.000 \$ 7.32CR\$ 183.03CR 0 2CR 859.03CR 429.52 2.000CR .00 859.03CR DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 OTHER SERVICES .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 0 .00 .00 .000 OCCUPATIONAL THERAPIST OPTICIAN 676.00 11.86 57.000 27.04 676.00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .000 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000

USERS

UNITS OF SERVICE

01 ELIGIBLES

PED SUBACUTE REHAB/WEANING

@XOVER EXCLUDING STATE HOSP**

ALL OTHER PROVIDERS

@CALIF. CHILDREN SERVICES*

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,953

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR	TITLE I	T DT	SREGARD - FAMILIES	AID CODE				
								NTHLY AVER		
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$.00		.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00	.00	.000	.00		.00
OFFICE VISITS	0		0		.00	.00	.000	.00		.00
HOME VISITS	0		0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00		.00
INPATIENT VISITS	0		0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00		.00
CRITICAL CARE	0		0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00		.00
EXAMINATIONS	0		0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0		0		.00	.00	.000	.00		.00
	0		0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0		0							
ASSISTANT SURGEON	0		0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0		-		.00	.00	.000	.00		.00
DIALYSIS	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		•		.00	.00	.000	.00		.00
RADIOLOGY	•		0		.00	.00	.000	.00		.00
PSYCHIATRY	0		0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0		0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0	_	.00	.00	.000	.00	_	.00
@PHARMACY	0		0	\$.00	\$.00	.000	•	\$.00
PRESCRIPTION DRUGS	0		0		.00	.00	.000	.00		.00
SNF/ICF	0		0		.00	.00	.000	.00		.00
OUTPATIENTS	0		0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0		0		.00	.00	.000	.00		.00
@DENTIST	0		0	\$.00	\$.00		\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00	.00	.000	.00		.00
ORAL SURGERY	0		0		.00	.00	.000	.00		.00
DRUGS	0		0		.00	.00	.000	.00		.00
ANESTHESIA	0		0		.00	.00	.000	.00		.00
PERIODONTICS	0		0		.00	.00	.000	.00		.00
ENDODONTICS	0		0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0		.00	.00	.000	.00		.00
PROSTHETICS	0		0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0		0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0		0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0		0		.00	.00	.000	.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,954 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

MOPUZ4

MONTEREY COUNTY

SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES

AID CODE 46

------ MONTHLY AVERAGE.

						M	TИC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER U	NIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Ô	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	U	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	Ü	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
	0	0				.00	
PATHOLOGY	0	0	.00	.00	.000		.00
RADIOLOGY	U	U	.00	.00	.000	.00	.00
ROOM USE	Ü	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MON	ITH-OF-DAVMENT RE	PORT FOR JAN :	2002 THRU DE	C 2002	PAGE 7,955
			VIII OF LATERINI NE		-002 111110 22		
MOP024	FEE-FOR-SERVICE		VIII OF TATPIBINI IN		2002 111110 22		01/17/03
MOP024 MONTEREY COUNTY					46		01/17/03
		C/DENTAL					01/17/03
		C/DENTAL			46 MON'		01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	C/DENTAL VICES FOR TITLE II DISF	REGARD - FAMILIES	AID CODE	46 MON' UNITS/DAYS	THLY AVERAC	01/17/03 GE
MONTEREY COUNTY	SUMMARY OF SERV	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE	REGARD - FAMILIES	AID CODE AVERAGE COST	46 MON' UNITS/DAYS	THLY AVERAC COST PER USER	01/17/03 GE COST PER ELIGIBLE
MONTEREY COUNTY 00 ELIGIBLES	SUMMARY OF SERV	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE	REGARD - FAMILIES	AID CODE AVERAGE COST PER UNIT/DAY	46 MON' UNITS/DAYS PER ELIG	THLY AVERAC COST PER USER	01/17/03 GE COST PER ELIGIBLE
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVUSERS	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$	REGARD - FAMILIES EXPENDITURES .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00	46 MON UNITS/DAYS PER ELIG .000 \$	THLY AVERAC COST PER USER .00	01/17/03 GE COST PER ELIGIBLE \$.00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVUSERS	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	REGARD - FAMILIES EXPENDITURES .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000	THLY AVERAGE COST PER USER .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVUSERS	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	REGARD - FAMILIES EXPENDITURES .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVUSERS	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERVUSERS	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVUSERS	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVUSERS	E/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVUSERS	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	SUMMARY OF SERVUSERS	E/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERVUSERS	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERVUSERS	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERVE USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	C/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E/DENTAL VICES FOR TITLE II DISF UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AID CODE AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	46 MON' UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	THLY AVERAGE COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU:	RES MONTH-OF-	-PAYMENT REP	ORT FO	OR JAN 200:	2 THRU	DEC	2002	PAGE	7 , 956
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	TITLE	II DISREGARD	- FAMILIES	A:	ID CODE 46					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 \$.00 .000 \$.00 \$.00 0 .00 .00 .00 DURABLE MED. EQUIP. 0 .000 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 OTHER TRANS OTHER SERVICES .00 .00 .00 .000 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 .000 .00 PORTABLE X-RAY PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 .000 ORTHOTICS .00 .00 .00 .00 PSYCHOLOGIST .00 .00 .00 .00 .000 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 HOSPICE SERVICES .000 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0		00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$	00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$	00	\$.00	.000	\$.00	\$.00

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01/17/03

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

MONIEREI COONII	DOMMANT OF DER	VICES FOR TITLE I	I DIO	REGARD			MC	ITNC	HLY AVERA	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS		COST PER	COST PER
		OR DAYS OF CARE					PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	615	2,390	\$	198,243.32	\$	82.95	1195.000	Ś		\$ 99121.66
@PHYSICIANS SERVICES	2	4	\$	40.83	\$	10.21	2.000		20.42	
OUTPATIENT VISITS	1	1		36.57		36.57	.500		36.57	18.29
OFFICE VISITS	1	1		36.57		36.57	.500		36.57	18.29
HOME VISITS	0	0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00	.00
	0	0		.00		.00	.000		.00	.00
INPATIENT VISITS	0	•								
HOSPITAL VISITS	U	0		.00		.00	.000		.00	.00
CRITICAL CARE	0	0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00	.00
EXAMINATIONS	0	0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00	.00
DIALYSIS	Ō	0		.00		.00	.000		.00	.00
PATHOLOGY	0	0		.00		.00	.000		.00	.00
RADIOLOGY	0	0		.00		.00	.000		.00	.00
PSYCHIATRY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	1	3		4.26						2.13
	283		\$		Ċ	1.42	1.500	ċ	4.26	\$ 56596.32
@PHARMACY		620	P		P	182.57	310.000	Ş		•
PRESCRIPTION DRUGS	283	620		113,192.64		182.57	310.000		399.97	56596.32
SNF/ICF	14	38		6,540.95		172.13	19.000		467.21	3270.48
OUTPATIENTS	269	582		106,651.69		183.25	291.000		396.47	53325.85
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00	.00
@DENTIST	195	833	\$		\$	48.24	416.500	\$		\$ 20093.43
VISITS - DIAGNOSTIC	122	493		5,922.10		12.01	246.500		48.54	2961.05
ORAL SURGERY	23	81		4,245.00		52.41	40.500		184.57	2122.50
DRUGS	0	0		.00		.00	.000		.00	.00
ANESTHESIA	6	7		500.00		71.43	3.500		83.33	250.00
PERIODONTICS	9	9		1,655.00		183.89	4.500		183.89	827.50
ENDODONTICS	10	21		3,545.00		168.81	10.500		354.50	1772.50
RESTORATIVE DENTISTRY	58	143		12,071.25		84.41	71.500		208.13	6035.63
PROSTHETICS	1	1		30.00		30.00	.500		30.00	15.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

DENTURES, STAYPLATES	34	78	12,218.51	156.65	39.000	359.37	6109.26
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	1	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,958
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD				
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HONIEKEI COONII	SOMMAN OF SERV	ICES FOR	1111111 1.	1 0.	IONEGAND			M	ONT	HLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
			OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0 0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6		27	\$		\$	99.95	13.500		449.77	\$	1349.30
HOSP INPATIENT TOTAL	2		14		1,604.00		114.57	7.000		802.00		802.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2		14		1,604.00		114.57	7.000		802.00		802.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	5		13		1,094.59		84.20	6.500		218.92		547.30
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		964.38		.00	.000		.00		482.19
ROOM USE	1		1		33.86		33.86	.500		33.86		16.93
CROSSOVERS/ALL OTH OUTPTNT	4		12		96.35		8.03	6.000		24.09		48.18
@COUNTY HOSPITAL TOTAL	2		13	\$	825.86	\$	63.53	6.500	\$	412.93	\$	412.93
CO HOSPITAL INPATIENT TOTAL	1		12		792.00		66.00	6.000		792.00		396.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	1	12	792.00	66.00	6.000	792.00	396.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	33.86	33.86	.500	33.86	16.93
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	33.86	33.86	.500	33.86	16.93
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 7,959
MOP024	FEE-FOR-SERVICE/DE	NTAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICE	S FOR TITLE II DIS	REGARD				
					MON	THLY AVERA	GE
02 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	C	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	14 \$	1,872.73	\$ 133.77	7.000 \$	468.18	\$ 936.37
COMM HOSP INPATIENT TOTAL	1	2	812.00	406.00	1.000	812.00	406.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	2	812.00	406.00	1.000	812.00	406.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	4	12	1,060.73	88.39	6.000	265.18	530.37
MEDICAL	0	0	.00	.00	.000	.00	.00

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964.38

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SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPINT	4	12		96.35		8.03	6.000		24.09		48.18
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	2CR	\$	1,960.76	\$	980.38CR	1.000C	R\$.00	\$	980.38
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	2CR		1,960.76		980.38CR	1.000C	R	.00		980.38
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	58	71	\$	5,442.11	\$	76.65	35.500	\$	93.83	\$	2721.06
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	58	71		5,442.11		76.65	35.500		93.83		2721.06
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITUF	RES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	AGE 7,960
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	R TITLE I	I DI	ISREGARD							
00 51 50 51 50							M		HLY AVERA		

				11011		<u></u>
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
134	837 \$	34,721.53	\$ 41.48	418.500 \$	259.12	\$ 17360.77
0	2CR	859.03CR	429.52	1.000CR	.00	429.52CR
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	3	38.38	12.79	1.500	38.38	19.19
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	3	38.38	12.79	1.500	38.38	19.19
0	0	.00	.00	.000	.00	.00
1	7	465.78	66.54	3.500	465.78	232.89
0	0	.00	.00	.000	.00	.00
72	689	33,330.50	48.38	344.500	462.92	16665.25
0	0	.00	.00	.000	.00	.00
61	136	1,657.97	12.19	68.000	27.18	828.99
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	1	52.70	52.70	.500	52.70	26.35
	134 0 0 0 1 0 0 1 0 1 0 72 0	OR DAYS OF CARE 134 0 2CR 0 0 0 0 1 3 0 0 0 1 3 0 0 1 3 0 0 0 1 7 0 0 72 689 0	OR DAYS OF CARE 134 837 0 2CR 859.03CR 0 0 0 0 0 0 0 0 1 3 38.38 0 0 0 0 0 0 0 0 1 3 38.38 0 0 0 0 0 1 3 38.38 0 0 0 0 0 1 7 465.78 0 0 0 72 689 33,330.50 0 72 689 33,330.50 0 0 136 1,657.97 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE PER UNIT/DAY 134 837 \$ 34,721.53 \$ 41.48 0 2CR 859.03CR 429.52 0 0 .00 .00 0 0 .00 .00 1 3 38.38 12.79 0 0 .00 .00 1 3 38.38 12.79 0 0 .00 .00 1 7 465.78 66.54 0 0 .00 .00 72 689 33,330.50 48.38 0 0 .00 .00 61 136 1,657.97 12.19 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 <td>OR DAYS OF CARE PER UNIT/DAY PER ELIG 134 837 \$ 34,721.53 \$ 41.48 418.500 \$ 0 2CR 859.03CR 429.52 1.000CR 0 0 .00 .00 .00 0 0 .00 .00 .00 1 3 38.38 12.79 1.500 0 0 .00 .00 .00 1 3 38.38 12.79 1.500 0 0 .00 .00 .00 1 3 38.38 12.79 1.500 0 0 .00 .00 .00 0 0 .00 .00 .00 1 7 465.78 66.54 3.500 0 0 .00 .00 .00 1 136 1,657.97 12.19 68.000 0 0 .00 .00 .00 0 <td< td=""><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 134 837 \$ 34,721.53 \$ 41.48 418.500 \$ 259.12 0 2CR 859.03CR 429.52 1.000CR .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 1 3 38.38 12.79 1.500 38.38 0 0 .00 .00 .00 .00 .00 1 3 38.38 12.79 1.500 38.38 .00</td></td<></td>	OR DAYS OF CARE PER UNIT/DAY PER ELIG 134 837 \$ 34,721.53 \$ 41.48 418.500 \$ 0 2CR 859.03CR 429.52 1.000CR 0 0 .00 .00 .00 0 0 .00 .00 .00 1 3 38.38 12.79 1.500 0 0 .00 .00 .00 1 3 38.38 12.79 1.500 0 0 .00 .00 .00 1 3 38.38 12.79 1.500 0 0 .00 .00 .00 0 0 .00 .00 .00 1 7 465.78 66.54 3.500 0 0 .00 .00 .00 1 136 1,657.97 12.19 68.000 0 0 .00 .00 .00 0 <td< td=""><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 134 837 \$ 34,721.53 \$ 41.48 418.500 \$ 259.12 0 2CR 859.03CR 429.52 1.000CR .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 1 3 38.38 12.79 1.500 38.38 0 0 .00 .00 .00 .00 .00 1 3 38.38 12.79 1.500 38.38 .00</td></td<>	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 134 837 \$ 34,721.53 \$ 41.48 418.500 \$ 259.12 0 2CR 859.03CR 429.52 1.000CR .00 0 0 .00 .00 .000 .00 0 0 .00 .00 .000 .00 1 3 38.38 12.79 1.500 38.38 0 0 .00 .00 .00 .00 .00 1 3 38.38 12.79 1.500 38.38 .00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	3		35.23	11.74	1.500	17.62	17.62
@CALIF. CHILDREN SERVICES*	2	2	\$	1,034.81	\$ 517.41	1.000	\$ 517.41	\$ 517.41
@XOVER EXCLUDING STATE HOSP**	6	19	\$	3,738.98	\$ 196.79	9.500	\$ 623.16	\$ 1869.49
A* TOTALS IN THESE LINES ARE CIVEN AS	TA SEPARATI	F THEORMATTON TO	TEM ONLY.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,961
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

MONTEREY COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	SU!	PPORT - AGED		AID CODE	18				
							MO	NTI	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	(COST PER		COST PER
		OR DAYS OF CARE	C		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	516	3,408	\$	210,455.06	\$	61.75	.000		407.86	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	90	125	\$	16,251.73	\$	130.01	.000	\$	180.57	\$.00
PRESCRIPTION DRUGS	90	125		16,251.73		130.01	.000		180.57		.00
SNF/ICF	6	11		1,002.10		91.10	.000		167.02		.00
OUTPATIENTS	84	114		15,249.63		133.77	.000		181.54		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	118	418	\$	24,980.42	\$	59.76	.000	\$	211.70	\$.00
VISITS - DIAGNOSTIC	76	209		3,432.67		16.42	.000		45.17		.00
ORAL SURGERY	14	62		3,785.00		61.05	.000		270.36		.00

DRUGS	0		0		.00		.00	.000		.00		.00
	5		6		500.00		83.33	.000		100.00		.00
ANESTHESIA	2		0									
PERIODONTICS	5		5		800.00		160.00	.000		160.00		.00
ENDODONTICS	1		1		475.00		475.00	.000		475.00		.00
RESTORATIVE DENTISTRY	19		43		3,261.00		75.84	.000		171.63		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	36		91		12,726.75		139.85	.000		353.52		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1		1		.00		.00	.000		.00		.00
	T CAL CEDIAL			DO MONITI		1D0D			- E-C		_	
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		ENDITUR.	ES MONTE	1-OF-PAYMENT RE	SPORT	FOR JAN A	ZUUZ THRU .	JEC	2002	P	AGE 7,962 01/17/03
MONTEREY COUNTY	SUMMARY OF SERV		TN HOME	SIIDDORT	r - ACFD		AID CODE	1.8				01/1//03
MONIENEI COONII	SOMMANI OF SERV	ICES FOR	IN HOME	SOFFORI	AGED		AID CODE	M	ייינער	מדע אוודסא	CF	
OO ELICIPIES	USERS	INTEC OF	CEDITCE		EXPENDITURES	7/ 7/ 77	DACE COCE	UNITS/DAY		COST PER	GE	COCH DED
00 ELIGIBLES	USERS	UNITS OF			EVLENDIIOKES				>			COST PER
0.0000000000000000000000000000000000000	0	OR DAYS			0.0		UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
MEDICINE/INJECTIONS	0		0	Τ	.00	Ψ	.00	.000	т	.00	т	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
	0		0									
RADIO./PATHOLOGY	O		-		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	Ş	.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1		1	\$	356.56	\$	356.56	.000	\$	356.56	\$.00
HOSP INPATIENT TOTAL	1		1		356.56	·	356.56	.000	•	356.56		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
	0		0									
ADMINISTRATIVE DAYS	0		•		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	U		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		1		356.56		356.56	.000		356.56		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
	0		0									
CROSSOVERS/ALL OTH OUTPTNT	•			ć	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	Þ	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	AND EXPENDITURES M					PAGE 7,963
MOP024	FEE-FOR-SERVICE/D		ONIH OF FAIMENT NE	FORT FOR UAN 2	.002 IIINO DE	C 2002	01/17/03
MONTEREY COUNTY		ES FOR IN HOME SUP	PORT - ACED	AID CODE	1.8		01/11/03
HOWIERED COOKIT	BOTHMICT OF BEICVIC		I OIKI TIGED	TILD CODE	MON	THIY AVERA	GE
00 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 HHIGIDHH		OR DAYS OF CARE	EXI ENDITORED	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	1 \$	356.56	\$ 356.56	.000 \$		-
COMM HOSP INPATIENT TOTAL	1	1	356.56	356.56	.000	356.56	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	1	356.56	356.56	.000	356.56	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		
MENTALLY ILL	0	0 9	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0 7	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	24	\$	1,891.09	\$	78.80	.000	85.96	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	22	24		1,891.09		78.80	.000	85.96		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU DE	C 2002	PAG	E 7,964
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	VICES FOR IN HOME	E SU	PPORT - AGED		AID CODE	18			
							MON	ITHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	CC	ST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG	USER		IGIBLE
@ALL OTHER PROVIDERS	327	2,840	\$	165,918.92	\$	58.42	.000		\$.00
DURABLE MED. EQUIP.	1	2		98.83		49.42	.000	98.83		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	38	666		42 , 807.60		64.28	.000	1126.52		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	260	1,863		121,745.00		65.35	.000	468.25		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	40	82		1,083.11		13.21	.000	27.08		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	227	184.38	.81	.000	184.38	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	2	2	\$ 1,466.17	\$ 733.09	.000	\$ 733.09	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,965
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND ALD CODE 28

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR IN HOME SUP	PORT - BLIND	AID CODE	28		
					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	22	274 \$	20,532.31	\$ 74.94	.000 \$	933.29	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	4	20	\$	2,528.00	\$ 126.40	.000	\$ 632.00	\$.00
VISITS - DIAGNOSTIC	2	11		156.00	14.18	.000	78.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	1	1		200.00	200.00	.000	200.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	2	8		2,172.00	271.50	.000	1086.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MONTH	-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,966
MOP024	FEE-FOR-SERVICE/DENTAL	ı						01/17/03

----- MONTHLY AVERAGE -----

MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - BLIND AID CODE 28

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	 COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00

RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.	.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00	•	.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT REF	PORT FOR JAN 20	02 THRU DEC	2002		7 , 967
MOP024	FEE-FOR-SERVICE/DENTAL						01/1	17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	IN HOME SU	PPORT - BLIND	AID CODE 2	8			
				-	MONT	HLY AVERAG	E	

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .000 \$ @COMMUNITY HOSPITAL TOTAL 0 0 .00 .00 .00 \$.00 0 .00 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .000 .00 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 @STATE HOSPITAL .00 .000 \$.00 0 .00 .000 .00 MENTALLY ILL .00 .00 .000 DEVELOP. DISABLED .00 .00 .00 .00 @NURSING FACILITY .00 .00 .000 \$.00 .00 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE LEV B-REHAB MD .00 .00 .000 .00 .00 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .000 .00 LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 .00 LEV B-REGULAR 0 .00 .00 .000 .00 @INTERMEDIATE CARE FACIL.-DD .00 .00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	8	20	\$	1,329.33	\$	66.47	.000	\$	166.17	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	8	20		1,329.33		66.47	.000		166.17		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-	OF-PAYMENT R	EPORT	FOR JAN 2002	THRU	DEC	2002	PAGE	7 , 968
MOP024	FEE-FOR-SERVICE/DENTAL									0.3	1/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE 28					

----- MONTHLY AVERAGE -----EXPENDITURES 00 ELIGIBLES **USERS** UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 10 234 16,674.98 71.26 .000 \$ 1667.50 \$.00 DURABLE MED. EQUIP. 0 .00 .000 .00 0 .00 .00 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .00 .00 .000 .00 .00 OTHER SERVICES .00 .000 .00 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 209 13,524.29 64.71 .000 1690.54 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 25 3,150.69 126.03 .000 393.84 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 .00 .00 .00 OPTICIAN .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 \$.00 .000 \$.00 @CALIF. CHILDREN SERVICES* .00 \$.00 .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP**

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,969
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

HONIEKEI COONII	DOMINANT OF DERV	TCES FOR IN HOME	DOLLOKI	DISADDD	AID CODE	00		
						MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	291	993	\$	88,362.68	\$ 88.99	.000 \$	303.65	\$.00
@PHYSICIANS SERVICES	4	4	\$	234.04	\$ 58.51	.000 \$	58.51	\$.00
OUTPATIENT VISITS	3	3		151.55	50.52	.000	50.52	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1		95.48	95.48	.000	95.48	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	2		56.07	28.04	.000	28.04	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

RADIOLOGY	1	1		82.49		82.49	.000		82.49		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	130	277	\$	47,685.04	\$ 1	72.15	.000	\$	366.81	\$.00
PRESCRIPTION DRUGS	129	242		46,442.58	1:	91.91	.000		360.02		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	129	242		46,442.58	1:	91.91	.000		360.02		.00
MEDICAL SUPPLIES	10	35		1,242.46		35.50	.000		124.25		.00
@DENTIST	77	350	Ş	13,435.49	\$:	38.39	.000	\$	174.49	\$.00
VISITS - DIAGNOSTIC	58	229		2,797.49		12.22	.000		48.23		.00
ORAL SURGERY	12	43		2,036.00	4	47.35	.000		169.67		.00
DRUGS	1	1		.00		.00	.000		.00		.00
ANESTHESIA	1	2		.00		.00	.000		.00		.00
PERIODONTICS	6	6		1,200.00	20	00.00	.000		200.00		.00
ENDODONTICS	2	3		402.00	13	34.00	.000		201.00		.00
RESTORATIVE DENTISTRY	21	55		5,355.00		97.36	.000		255.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	6	9		1,645.00	18	82.78	.000		274.17		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	1	1		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1	1		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTE	H-OF-PAYMENT REE	PORT F	OR JAN	2002 THRU	DEC	2002	PAGE	7,970
MOP024	FEE-FOR-SERVICE/DENTA	L								01	L/17/03

AID CODE 68

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 0 .000 \$ 0 .00 \$.00 .00 \$.00 .00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .000 VISITS Ω .00 .00 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 @PODIATRIST .00 .00 .000 \$.00 .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .00 .00 OTHER 0 .00 .00 .000 .00 .00 3,293.84 \$ @HOME HEALTH AGENCY 44 74.86 .000 \$ 3293.84 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE .00 0 .00 .00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 .00 21 .000 \$ @TOTAL HOSPITAL 1,037.32 49.40 207.46 \$.00 HOSP INPATIENT TOTAL 16 791.58 49.47 395.79 .00 .000 0 .00 .00 .00 HSC HOSPITALS .000 .00 NON-HSC HOSPITAL TOTAL 0 157.95CR .00 .00 .000 .00 .00 0 157.95CR .00 ACCOMMODATIONS .000 .00 157.95CR .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED

MONTEREY COUNTY

INPATIENT CROSSOVERS	2	16	949.53	59.35	.000	474.77	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5	245.74	49.15	.000	81.91	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	19.76	6.59		19.76	.00
	1	3			.000		
RADIOLOGY	1	1	168.59	168.59	.000	168.59	.00
ROOM USE	1	1	55.42	55.42	.000	55.42	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	1.97	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	15 \$	911.50	\$ 60.77	.000 \$	911.50	\$.00
CO HOSPITAL INPATIENT TOTAL	1	15	812.00	54.13	.000	812.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
	0	0					
TRANSITIONAL IP CARE	U		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	15	812.00	54.13	.000	812.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	99.50	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	Ō	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	74.32	.00	.000	.00	.00
RADIOLOGY	0	0					
ROOM USE	U	•	23.21	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	1.97	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MON	TH-OF-PAYMENT REI	PORT FOR JAN 2	:002 THRU DEC	2002	PAGE 7,971
MOP024	FEE-FOR-SERVICE	DENTAL					01/17/03
MOP024 MONTEREY COUNTY		DENTAL ICES FOR IN HOME SUPPC	RT - DISABLED	AID CODE			01/17/03
			PRT - DISABLED	AID CODE	68 MONT	THLY AVERAG	01/17/03
			RT - DISABLED EXPENDITURES	AID CODE AVERAGE COST	MON7		01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR IN HOME SUPPO UNITS OF SERVICE		AVERAGE COST	MONT UNITS/DAYS		01/17/03 E
MONTEREY COUNTY 00 ELIGIBLES	SUMMARY OF SERV	CCES FOR IN HOME SUPPO UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MONT UNITS/DAYS PER ELIG	COST PER USER	01/17/03 E COST PER ELIGIBLE
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV USERS 4	UNITS OF SERVICE OR DAYS OF CARE 6 \$	EXPENDITURES 125.82	AVERAGE COST PER UNIT/DAY \$ 20.97	MONT UNITS/DAYS PER ELIG .000 \$	COST PER USER 31.46	01/17/03 E COST PER ELIGIBLE \$.00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERV. USERS 4 1	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1	EXPENDITURES 125.82 20.42CR	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER 31.46 20.42CR	01/17/03 E COST PER ELIGIBLE \$.00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERV USERS 4	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0	EXPENDITURES 125.82 20.42CR .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00	MONT UNITS/DAYS PER ELIG .000 \$.000	COST PER USER 31.46 20.42CR	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERV. USERS 4 1	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1	EXPENDITURES 125.82 20.42CR .00 157.95CR	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER 31.46 20.42CR .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERV. USERS 4 1 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0	125.82 20.42CR .00 157.95CR 157.95CR	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER 31.46 20.42CR .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV. USERS 4 1	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER 31.46 20.42CR .00 .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER 31.46 20.42CR .00 .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV. USERS 4 1 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000	COST PER USER 31.46 20.42CR .00 .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER 31.46 20.42CR .00 .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 1	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .137.53 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 1 0 5	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 1	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 .137.53 .00 146.24 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 29.25 .00	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 48.75 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 1 0 5 0 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 137.53 .00 146.24 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 48.75 .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 1 0 5	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 137.53 .00 146.24 .00 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 48.75 .00 .00 .00 .137.53	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 1 0 5 0 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 .137.53 .00 146.24 .00 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 137.53 .00 48.75 .00 .00 .19.76 94.27	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 0 1 0 0 0 3 1 1	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 .137.53 .00 146.24 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 137.53 .00 48.75 .00 .00 .19.76 94.27 32.21	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 0 1 0 0 1 1 0 3 1 1 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 .00 .137.53 .00 146.24 .00 .00 .90 .90 .90 .90 .90 .90	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 1 0 0 1 1 0 3 1 1 0 0 5 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 0 5 0 0 0 5 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 .00 .137.53 .00 146.24 .00 .00 .90 .90 .90 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 137.53 .00 48.75 .00 .00 19.76 94.27 32.21 .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 0 1 0 0 1 1 0 3 1 1 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 .00 .00 137.53 .00 146.24 .00 .00 19.76 94.27 32.21 .00 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 137.53 .00 48.75 .00 .00 19.76 94.27 32.21 .00 .00 .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 1 0 0 1 1 0 3 1 1 0 0 5 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 0 5 0 0 0 5 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 .00 .137.53 .00 146.24 .00 .00 .90 .90 .90 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .137.53 .00 48.75 .00 .00 .19.76 94.27 32.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 1 0 3 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 0 1 0 0 3 1 1 0 0 5 0 0 0 5 0 0 5 0 0 5 0 0 0 5 0 0 0 5 0 0 0 5 0 0 0 0 5 0 0 0 0 0 5 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 .00 .00 137.53 .00 146.24 .00 .00 19.76 94.27 32.21 .00 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 137.53 .00 48.75 .00 .00 19.76 94.27 32.21 .00 .00 .00 .00	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERV. USERS 4 1 0 0 0 0 0 0 0 1 1 0 1 1 1 1 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 6 \$ 1 0 0 0 0 0 0 1 0 0 1 1 0 5 0 0 3 1 1 1 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 5 0 0 0 5 0 0 0 5 0 0 5 0 0 0 5 0 0 0 5 0 0 0 0 5 0	125.82 20.42CR .00 157.95CR 157.95CR 157.95CR .00 .00 .00 .137.53 .00 146.24 .00 .00 19.76 94.27 32.21 .00 .00	AVERAGE COST PER UNIT/DAY \$ 20.97 20.42CR .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MONT UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER 31.46 20.42CR .00 .00 .00 .00 .00 .00 .00 .137.53 .00 48.75 .00 .00 .19.76 94.27 32.21 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	01/17/03 E COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	1,613.09	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		1,613.09		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	59	81	\$	6,032.02		74.47	.000	\$	102.24	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	59	81		6,032.02		74.47	.000		102.24		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITUR	RES MONTH-O	F-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PAGE	7,972
MOP024	FEE-FOR-SERVICE/DENTAL									0:	1/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT -	DISABLED		AID CODE					
							N	10NT1	HLY AVERA	GE	

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	47	216 \$	15,031.84	\$ 69.59	.000 \$	319.83	\$.00
DURABLE MED. EQUIP.	3	9	1,402.55	155.84	.000	467.52	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	4CR	115.36CR	28.84	.000	.00	.00
AMBULANCES/AIR TRANS	0	4CR	115.36CR	28.84	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	4	94	6,264.75	66.65	.000	1566.19	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	18	56	6,132.90	109.52	.000	340.72	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	22	61	726.00	11.90	.000	33.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	621.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	19	111	\$ 10,305.80	\$ 92.85	.000	\$ 542.41	\$.00
@XOVER EXCLUDING STATE HOSP**	2	0	\$ 3,183.62	\$.00	.000	\$ 1591.81	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,973 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

O ELIGIBLES					01.1			MO	TNC	HLY AVERA	GE	
@TOTAL, ALL PROVIDERS 829 4,675 \$ 319,350.05 \$ 68.31 .000 \$ 385.22 \$.00 @PHYSICIANS SERVICES 4 4 \$ 234.04 \$ 58.51 .000 \$ 58.51 \$.00 OUTPATIENT VISITS 3 3 151.55 50.52 .000 50.52 .00 OFFICE VISITS 0 0 .00 .00 .00 .00 .00 .00 HOME VISITS 0 0 .00 .	00 ELIGIBLES	USERS	UNITS OF SERVICE]	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	S (COST PER		COST PER
@PHYSICIANS SERVICES 4 4 \$ 234.04 \$ 58.51 .000 \$ 58.51 \$.00 OUTPATIENT VISITS 3 3 151.55 50.52 .000 50.52 .00 OFFICE VISITS 0 0 .00 .00 .00 .00 .00 .00 HOME VISITS 0 0 .00			OR DAYS OF CARE	2		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
OUTPATIENT VISITS 3 3 151.55 50.52 .000 50.52 .00 OFFICE VISITS 0 0 .00 .00 .00 .00 .00 .00 HOME VISITS 0 0 .00<	@TOTAL, ALL PROVIDERS	829	4,675	\$	319,350.05	\$	68.31	.000	\$	385.22	\$.00
OFFICE VISITS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	@PHYSICIANS SERVICES	4	4	\$	234.04	\$	58.51	.000	\$	58.51	\$.00
HOME VISITS 0 0 .00 <	OUTPATIENT VISITS	3	3		151.55		50.52	.000		50.52		.00
EMERGENCY ROOM 1 1 1 95.48 95.48 .000 95.48 .00 PREVENTIVE CARE 0 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 OTHER OUTPATIENT 2 2 2 56.07 28.04 .000 28.04 .00 INPATIENT VISITS 0 0 0 .00 .00 .00 .00 .00 .00 HOSPITAL VISITS 0 0 0 .00 .00 .00 .00 .00 .00 CRITICAL CARE 0 0 0 .00 .00 .00 .00 .00 .00 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00	OFFICE VISITS	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE 0 0 .00 <th< td=""><td>HOME VISITS</td><td>0</td><td>0</td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></th<>	HOME VISITS	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	EMERGENCY ROOM	1	1		95.48		95.48	.000		95.48		.00
OTHER OUTPATIENT 2 2 56.07 28.04 .000 28.04 .00 INPATIENT VISITS 0 0 .00 </td <td>PREVENTIVE CARE</td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td></td> <td>.00</td> <td>.000</td> <td></td> <td>.00</td> <td></td> <td>.00</td>	PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00	OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS 0 0 .00	OTHER OUTPATIENT	2	2		56.07		28.04	.000		28.04		.00
CRITICAL CARE 0 0 0 .00 .00 .000 .000 .00 .00 .00 .0	INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 .00 .00	HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00	CRITICAL CARE	0	0		.00		.00	.000		.00		.00
	SNF/ICF/TRANS IP CARE	0	0		.00		.00			.00		.00
0 0 00 00 00	OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS U U .UU .UU .UU .UU .UU .UU .UU	EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS 0 0 0 .00 .00 .00 .00 .00 .00	SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY 0 0 0 .00 .00 .00 .00 .00 .00	INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00	ASSISTANT SURGEON	0	0				.00					.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00	ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY 0 0 0 .00 .00 .00 .00 .00 .00		0	0							.00		.00
PRINCIPAL SURGEON 0 0 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00	ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST 0 0 .00 .00 .00 .00 .00 .00	ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00	DIALYSIS	0	0				.00			.00		.00
PATHOLOGY 0 0 .00 .00 .00 .00 .00 .00	PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY 1 1 1 82.49 82.49 .000 82.49 .00		1	1									.00
PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00	PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00	IMMUNIZATION AND INJECTION	0	0		.00		.00			.00		.00
OTHER SERVICES/ALL X-OVERS 0 0 .00 .00 .00 .00 .00 .00	OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY 220 402 \$ 63,936.77 \$ 159.05 .000 \$ 290.62 \$.00	@PHARMACY	220	402	\$		\$	159.05		\$	290.62	\$.00
PRESCRIPTION DRUGS 219 367 62,694.31 170.83 .000 286.28 .00	PRESCRIPTION DRUGS	219	367		62,694.31		170.83	.000				.00
SNF/ICF 6 11 1,002.10 91.10 .000 167.02 .00	SNF/ICF	6	11				91.10	.000		167.02		.00
OUTPATIENTS 213 356 61,692.21 173.29 .000 289.63 .00	OUTPATIENTS	213	356					.000		289.63		.00
MEDICAL SUPPLIES 10 35 1,242.46 35.50 .000 124.25 .00	MEDICAL SUPPLIES	10	35					.000		124.25		.00
@DENTIST 199 788 \$ 40,943.91 \$ 51.96 .000 \$ 205.75 \$.00	@DENTIST	199	788	\$		\$	51.96	.000	\$	205.75	\$.00
VISITS - DIAGNOSTIC 136 449 6,386.16 14.22 .000 46.96 .00	VISITS - DIAGNOSTIC	136	449		6,386.16		14.22	.000		46.96		.00
ORAL SURGERY 26 105 5,821.00 55.44 .000 223.88 .00	ORAL SURGERY	26	105				55.44	.000		223.88		.00
DRUGS 1 1 1 .00 .00 .000 .00 .00	DRUGS	1	1		.00		.00	.000		.00		.00
ANESTHESIA 6 8 500.00 62.50 .000 83.33 .00	ANESTHESIA	6	8		500.00		62.50			83.33		.00
PERIODONTICS 12 12 2,200.00 183.33 .000 183.33 .00		12	12									.00
ENDODONTICS 3 4 877.00 219.25 .000 292.33 .00			4									
RESTORATIVE DENTISTRY 42 106 10,788.00 101.77 .000 256.86 .00	RESTORATIVE DENTISTRY	42	106									.00
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00	PROSTHETICS		0				.00			.00		.00

DENTURES, STAYPLATES	42	100	14,371.75	143.72	.000	342.18	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
	MEDI CAI CEDITCE	Z AND EXPENDIMIN					
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		ES MONTH-OF-PAYMENT I	REPORT FOR JAN	2002 THRU DE	2002	PAGE 7,974
MOP024	FEE-FOR-SERVICE/						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR IN HOME	SUPPORT				
					MON'	THLY AVERAG	;E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	'UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

3,293.84 \$

1,393.88

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@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

FAMILY NURSE PRACTITIONER

HOSP INPATIENT TOTAL

NURSE MIDWIFE

@TOTAL HOSPITAL

HSC HOSPITALS

NON-HSC HOSPITAL TOTAL	0	0		157.95CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0		157.95CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		157.95CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	3	17		1,306.09	76.83	.000	435.36	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	5		245.74	49.15	.000	81.91	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	1	3		19.76	6.59	.000	19.76	.00
RADIOLOGY	1	1		168.59	168.59	.000	168.59	.00
ROOM USE	1	1		55.42	55.42	.000	55.42	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		1.97	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	15	\$	911.50	\$ 60.77	.000	\$ 911.50	\$.00
CO HOSPITAL INPATIENT TOTAL	1	15		812.00	54.13	.000	812.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	15		812.00	54.13	.000	812.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		99.50	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		74.32	.00	.000	.00	.00
ROOM USE	0	0		23.21	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		1.97	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AN FEE-FOR-SERVICE/DENT		ES MONTH-	OF-PAYMENT REI	PORT FOR JA	N 2002 THRU	DEC 2002	PAGE 7,975 01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR IN HOME	SUPPORT					
						1	MONTHLY AVERA	GE
OO FITCIBLES	HISERS HINTT	S OF SERVICE	F	YPENDITTIRES	AMERACE CO	יבת/פידומון ייפ	VS COST PER	COST PER

OO ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE COMMUNITY HOSPITAL TOTAL 5 7 \$ 482.38 \$ 68.91 .000 \$ 96.48 \$.00

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	7 \$	482.38	\$ 68.91	.000	\$ 96.48	\$.00
COMM HOSP INPATIENT TOTAL	2	2	336.14	168.07	.000	168.07	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	157.95CR	.00	.000	.00	.00
ACCOMMODATIONS	0	0	157.95CR	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	157.95CR	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	2	2	494.09	247.05	.000	247.05	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	5	146.24	29.25	.000	48.75	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	19.76	6.59	.000	19.76	.00
RADIOLOGY	1	1	94.27	94.27	.000	94.27	.00
ROOM USE	1	1	32.21	32.21	.000	32.21	.00

CROSSOVERS/MEE OIN CONTINI	O O	O .		• 0 0		• 0 0	. 0 0 0		. 0 0		• 0 0
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ġ	.00
LEV A-INTERMEDIATE	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		
	0	· ·									.00
LEV B-SUBACUTE FREESTANDING	U	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	2,669.43	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0		.00	'	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		2,669.43		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
	0	0	Y	.00	Y	.00	.000	Y	.00	Y	
HOSPITAL BASED	0	•									.00
INDEPENDENT FACILITY	U	0	<u>~</u>	.00	^	.00	.000	<u>^</u>	.00	<u>^</u>	.00
@LABORATORY FACILITY	U	0	\$.00	\$.00		\$.00	Ş	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	89	125	\$	9,252.44	\$	74.02	.000	\$ 1	.03.96	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	89	125		9,252.44		74.02	.000		.03.96		.00
RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV			RES M	9,252.44 IONTH-OF-PAYMENT RE	PORT					P.	.00 AGE 7,976
		ES AND EXPENDITU	RES M		PORT					P.	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU		IONTH-OF-PAYMENT RE	PORT					P.	AGE 7,976
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU /DENTAL		IONTH-OF-PAYMENT RE	PORT			EC 20	02		AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITU /DENTAL	E SUP	IONTH-OF-PAYMENT RE		FOR JAN 2	2002 THRU D	EC 20	02 AVERA	.GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE	E SUP	ONTH-OF-PAYMENT RE	AVEF	FOR JAN 2	2002 THRU E MC UNITS/DAYS	EC 20 NTHLY COS	02 AVERA T PER	.GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE	E SUP	ONTH-OF-PAYMENT RE	AVEF PER	FOR JAN 2 RAGE COST UNIT/DAY	2002 THRU D MC UNITS/DAYS PER ELIG	EC 20 NTHLY COS U	02 AVERA T PER JSER	GE	AGE 7,976 01/17/03 COST PER
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE	E SUP E	ONTH-OF-PAYMENT REPORT EXPENDITURES 197,625.74	AVEF PER \$	FOR JAN 2 RAGE COST UNIT/DAY 60.07	2002 THRU D MC UNITS/DAYS PER ELIG .000	EC 20 NTHLY COS U \$ 5	AVERAST PER USER 114.65	GE	AGE 7,976 01/17/03 COST PER ELIGIBLE .00
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4	ES AND EXPENDITURATION DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11	E SUP E	ONTH-OF-PAYMENT REPORT EXPENDITURES 197,625.74 1,501.38	AVEF PER \$	FOR JAN 2 RAGE COST UNIT/DAY 60.07 136.49	2002 THRU D MC UNITS/DAYS PER ELIG .000 .000	EC 20 NTHLY COS U \$ 5	AVERA T PER USER 514.65	GE	AGE 7,976 01/17/03 COST PER ELIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11 0	E SUP E	ONTH-OF-PAYMENT REPORT EXPENDITURES 197,625.74 1,501.38 .00	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00	2002 THRU D MC UNITS/DAYS PER ELIG .000 .000	EC 20 NTHLY COS U \$ 5	AVERA T PER JSER 14.65 575.35	GE	AGE 7,976 01/17/03 COST PER ELIGIBLE .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0	ES AND EXPENDITURATE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11 0 0	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000	EC 20 NTHLY COS U \$ 5	AVERA T PER USER 14.65 575.35 .00 .00	GE	AGE 7,976 01/17/03 COST PER ELIGIBLE .00 .00 .00
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0	ES AND EXPENDITURATE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11 0 0 4CR	E SUP E	ONTH-OF-PAYMENT REPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 115.36CF	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84	MC UNITS/DAYS PER ELIG .000 .000 .000 .000	EC 20 NTHLY COS U \$ 5	7 AVERA T PER JSER 14.65 75.35 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0	ES AND EXPENDITURATE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11 0 0 4CR 4CR	E SUP E	ONTH-OF-PAYMENT REPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	EC 20 NTHLY COS U \$ 5	AVERA T PER USER 14.65 75.35 .00 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0	ES AND EXPENDITURATE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARD 3,290 11 0 0 4CR 4CR 0	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 115.36CF 115.36CF .00	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	EC 20 NTHLY COS U \$ 5	AVERA T PER JSER 14.65 75.35 .00 .00 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0	ES AND EXPENDITURATE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11 0 0 4CR 4CR 0 0	E SUP E	PORT EXPENDITURES 197,625.74 1,501.38 .00 .00 115.36CF 115.36CF .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000	EC 20 NTHLY COS U \$ 5	AVERA T PER JSER 14.65 75.35 .00 .00 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURATE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 3,290 11 0 0 4CR 4CR 0 0 0	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 115.36CF 115.36CF .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00 .00	MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 20 NTHLY COS U \$ 5	AVERA T PER JSER 14.65 75.35 .00 .00 .00 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 50	ES AND EXPENDITURATION OF LANGE OF LANGE OF CARROLL OR DAYS OF CARROLL	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 115.36CF 115.36CF .00 .00 .00 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00 .00	2002 THRU I	EC 20 NTHLY COS U \$ 5	AVERA T PER USER 14.65 75.35 .00 .00 .00 .00 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 50 0 0	ES AND EXPENDITURATION OF LANGE OF LANG	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .100 .00 .00 .00 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00 .00 .00	2002 THRU I	EC 20 NTHLY COS U \$ 5	AVERA ET PER ISER 14.65 75.35 .00 .00 .00 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 0 286	ES AND EXPENDITURE DENTAL ICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 3,290 11 0 4CR 4CR 4CR 0 0 969 0 1,944	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 .00 .00 .00 .00 .00 64.60 .00 67.40	2002 THRU D MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 20 NTHLY COS U \$ 5	AVERA T PER JSER 14.65 75.35 .00 .00 .00 .00 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 286 0	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 3,290 11 0 4CR 4CR 4CR 0 0 969 0 1,944 0	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 .00 .00 .00 64.60 .00 67.40	2002 THRU D MC UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	EC 20 NTHLY COS U \$ 5	AVERA T PER JSER 14.65 75.35 .00 .00 .00 .00 .00 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 0 286	ES AND EXPENDITURE DENTAL ICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 3,290 11 0 4CR 4CR 4CR 0 0 969 0 1,944	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 .00 .00 64.60 .00 67.40 .00 12.65	2002 THRU I	EC 20 NTHLY COS U \$ 5	AVERA T PER USER 14.65 575.35 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 286 0 62 0	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11 0 4CR 4CR 4CR 0 0 969 0 1,944 0 143 0	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .00 .00 .00 .00 .00 .115.36CF .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00 .00 64.60 .00 67.40 .00	2002 THRU I	EC 20 NTHLY COS U \$ 5	AVERA T PER USER 14.65 375.35 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 286 0 62	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 3,290 11 0 4CR 4CR 4CR 0 0 969 0 1,944 0 143	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .00 .00 .00 .00 .00 .115.36CF .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00 .00 64.60 .00 67.40 .00 12.65 .00	2002 THRU I	EC 20 NTHLY COS U \$ 5	AVERA T PER USER 014.65 075.35 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 286 0 62 0	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11 0 4CR 4CR 4CR 0 0 969 0 1,944 0 143 0	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .00 .00 .00 .00 .00 .115.36CF .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00 .00 64.60 .00 67.40 .00	2002 THRU I	EC 20 NTHLY COS U \$ 5	AVERA T PER JSER 14.65 75.35 .00 .00 .00 .00 .00 .00 .00 .251.93 .00 .29.18 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 286 0 62 0 0	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARE 3,290 11 0 4CR 4CR 4CR 0 0 969 0 1,944 0 143 0 0	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .00 .00 .00 .00 .00 .115.36CF .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00 .00 64.60 .00 67.40 .00 12.65 .00	2002 THRU I	EC 20 NTHLY COS U \$ 5	AVERA T PER USER 014.65 075.35 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 286 0 62 0 0 0 0 0	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11 0 4CR 4CR 4CR 0 0 969 0 1,944 0 143 0 0 0	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .00 .00 .00 .00 .115.36CF .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00 .00 64.60 .00 67.40 .00 12.65 .00	2002 THRU I	EC 20 NTHLY COS U \$ 5	AVERA T PER JSER 14.65 75.35 .00 .00 .00 .00 .00 .00 .00 .251.93 .00 .29.18 .00 .00	GE	AGE 7,976 01/17/03
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 286 0 62 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11 0 4CR 4CR 4CR 0 0 0 969 0 1,944 0 143 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E SUP E	PPORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .00 .00 .00 .00 .131,028.59 .00 1,809.11 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00 .00 64.60 .00 67.40 .00 12.65 .00 .00	2002 THRU I	EC 20 NTHLY COS U \$ 5	AVERA T PER JSER 14.65 75.35 .00 .00 .00 .00 .00 .00 .00 .00 .251.93 .00 .29.18 .00 .00	GE	AGE 7,976 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST OPTICIAN PHYSICAL THERAPIST PORTABLE X-RAY PROSTHETIST/ORTHOTISTS PROSTHETICS ORTHOTICS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 384 4 0 0 0 0 0 0 0 0 286 0 62 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURE DENTAL TICES FOR IN HOME UNITS OF SERVICE OR DAYS OF CARR 3,290 11 0 4CR 4CR 4CR 0 0 0 969 0 1,944 0 143 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	E SUP E	PORT EXPENDITURES 197,625.74 1,501.38 .00 .00 .115.36CF .115.36CF .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEF PER \$	RAGE COST UNIT/DAY 60.07 136.49 .00 .00 28.84 28.84 .00 .00 64.60 .00 67.40 .00 12.65 .00 .00	2002 THRU I	EC 20 NTHLY COS U \$ 5	AVERA T PER USER 14.65 75.35 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE	AGE 7,976 01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

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CROSSOVERS/ALL OTH OUTPTNT

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HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	1	227	805.38	3.55	.000	805.38	.00
@CALIF. CHILDREN SERVICES*	19	111	\$ 10,305.80	\$ 92.85	.000	\$ 542.41	\$.00
@XOVER EXCLUDING STATE HOSP**	4	2	\$ 4,649.79	\$ 2324.90	.000	\$ 1162.45	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,977
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

MONIEREI COUNTI	SUMMARI OF SER	VICES FOR PUBLIC A.	SSI	SIANCE - AGED		MON	ישווד ע אוופס	л Ст	
70 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
\O FFIGIPTE2	USEKS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	4,569		\$	1,140,215.86	\$ 53.79	302.829			16288.80
@PHYSICIANS SERVICES	18	63	۲ (۲	1,274.71	\$ 20.23	.900			18.21
OUTPATIENT VISITS	2	2	Y	74.90	37.45	.029	37.45	Y	1.07
OFFICE VISITS	1	1		30.30	30.30	.014	30.30		.43
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	1	1		44.60	44.60	.014	44.60		.64
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	3	6		227.90	37.98	.086	75.97		3.26
HOSPITAL VISITS	3	6		227.90	37.98	.086	75.97		3.26
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	15	55		971.91	17.67	.786	64.79		13.88
@PHARMACY	656	, -	\$	115,582.80	\$ 27.28	60.529		Ş	1651.18
PRESCRIPTION DRUGS	652	950		114,934.85	120.98	13.571	176.28		1641.93
SNF/ICF	108	177		19,635.63	110.94	2.529	181.81		280.51
OUTPATIENTS	545	773		95,299.22	123.28	11.043	174.86		1361.42
MEDICAL SUPPLIES	7	3,287	_	647.95	.20	46.957	92.56		9.26
@DENTIST	1,535	•	\$		\$ 53.92	91.300 \$		Ş	4922.68
VISITS - DIAGNOSTIC	972	3 , 686		46,826.36	12.70	52.657	48.18		668.95
ORAL SURGERY	247	773		39,863.34	51.57	11.043	161.39		569.48

DRUGS	1	1	15.00	15.00	.014	15.00	.21
ANESTHESIA	24	27	2,311.00	85.59	.386	96.29	33.01
PERIODONTICS	92	91	15,660.00	172.09	1.300	170.22	223.71
ENDODONTICS	57	73	16,749.00	229.44	1.043	293.84	239.27
RESTORATIVE DENTISTRY	340	919	83,140.75	90.47	13.129	244.53	1187.73
PROSTHETICS	6	7	200.00	28.57	.100	33.33	2.86
DENTURES, STAYPLATES	338	797	139,721.95	175.31	11.386	413.38	1996.03
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.014	100.00	1.43
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	16	16	.00	.00	.229	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 7,978
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVIO	CES FOR PUBLIC ASSIS'	TANCE - AGED				
						ITHLY AVERAG	
70 ELIGIBLES	USERS (JNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	5	10 \$	227.93	\$ 22.79	.143 \$		\$ 3.26
DIAGNOSTIC AND ANC. PROCED	1	1	10.00	10.00	.014	10.00	.14
EYE APPLIANCES	3	9	149.03	16.56	.129	49.68	2.13
OTHER OPTOMETRIC SERVICES	1	0	68.90	.00	.000	68.90	.98
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST_	0	0 \$.00	\$.00	.000 \$		\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00

@OPTOMETRIST	5	10	\$ 227.93		.143	\$ 45.5	9 \$	3.26
DIAGNOSTIC AND ANC. PROCED	1	1	10.00	10.00	.014	10.0)	.14
EYE APPLIANCES	3	9	149.03	16.56	.129	49.6	3	2.13
OTHER OPTOMETRIC SERVICES	1	0	68.90	.00	.000	68.9)	.98
@CHIROPRACTOR	0	0	\$.00 \$.00	.000	\$.00) \$.00
VISITS	0	0	.00	.00	.000	.00)	.00
OTHER SERVICES	0	0	.00	.00	.000	.00)	.00
@PODIATRIST	0	0	\$.00 \$.00	.000	\$.00) \$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00)	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00)	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00)	.00
OTHER	0	0	.00	.00	.000	.00)	.00
@HOME HEALTH AGENCY	0	0	\$.00 \$.00	.000	\$.00) \$.00
NURSE ANESTHESIST	0	0	\$.00 \$.00	.000	\$.00) \$.00
NURSE MIDWIFE	0	0	\$.00 \$.00	.000	\$.00) \$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00 \$.00	.000	\$.00) \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00 \$.00	.000	\$.00) \$.00
@TOTAL HOSPITAL	12	90	\$ 15,744.21 \$	174.94	1.286	\$ 1312.03	2 \$	224.92
HOSP INPATIENT TOTAL	8	81	15,136.99	186.88	1.157	1892.13	2	216.24
HSC HOSPITALS	1	7	4,700.00	671.43	.100	4700.00)	67.14
NON-HSC HOSPITAL TOTAL	0	0	46.17CR	.00	.000	.00)	.66CR
ACCOMMODATIONS	0	0	44.79CR	.00	.000	.00)	.64CR
ADMINISTRATIVE DAYS	0	0	44.79CR	.00	.000	.00)	.64CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00)	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00)	.00
ANCILLARIES	0	0	1.38CR	.00	.000	.00)	.02CR
INPATIENT CROSSOVERS	7	74	10,483.16	141.66	1.057	1497.5	9	149.76
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00)	.00
HOSP OUTPATIENT TOTAL	4	9	607.22	67.47	.129	151.83		8.67
MEDICAL	0	0	8.79	.00	.000	.00		.13
SURGERY	0	0	.00	.00	.000	.00)	.00
PATHOLOGY	0	0	8.64	.00	.000	.00)	.12
RADIOLOGY	0	0	46.66	.00	.000	.00)	.67
ROOM USE	0	0	10.88	.00	.000	.00)	.16
CROSSOVERS/ALL OTH OUTPINT	4	9	532.25	59.14	.129	133.0		7.60
@COUNTY HOSPITAL TOTAL	2	12	\$ 4,971.06			\$ 2485.5		71.02
CO HOSPITAL INPATIENT TOTAL	2	12	4,971.06	414.26	.171	2485.5		71.02
HSC HOSPITALS	1	7	4,700.00	671.43	.100	4700.0)	67.14

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	5	271.06	54.21	.071	271.06	3.87
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REF	PORT FOR JAN 2	002 THRU DE	C 2002	PAGE 7,979
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	R PUBLIC ASS	ISTANCE - AGED				
					MON	THLY AVERA	GE
70 ELIGIBLES		OF SERVICE	EXPENDITURES		UNITS/DAYS	COST PER	COST PER
		YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	10	78 \$	10,773.15	\$ 138.12	1.114 \$		\$ 153.90
COMM HOSP INPATIENT TOTAL	6	69	10,165.93	147.33	.986	1694.32	145.23
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	46.17CR	.00	.000	.00	.66CR
ACCOMMODATIONS	0	0	44.79CR	.00	.000	.00	.64CR
ADMINISTRATIVE DAYS	0	0	44.79CR	.00	.000	.00	.64CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00

1.38CR

.00

10,212.10

.00

.00

148.00

.000

.986

.000

.00

.00

1702.02

.02CR

.00

145.89

0

69

0

0

6

ANCILLARIES

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

COMM HOSP OUTPATIENT TOTAL	4	9		607.22		67.47	.129		151.81		8.67
MEDICAL	0	0		8.79		.00	.000		.00		.13
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		8.64		.00	.000		.00		.12
RADIOLOGY	0	0		46.66		.00	.000		.00		.67
ROOM USE	0	0		10.88		.00	.000		.00		.16
CROSSOVERS/ALL OTH OUTPINT	4	9		532.25		59.14	.129		133.06		7.60
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	·	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	31	\$	3,829.07	\$	123.52	.443	\$	1914.54	\$	54.70
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	31		3,829.07		123.52	.443		1914.54		54.70
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	1	2CR	\$	3,443.20	\$	1721.60CR	.029CR	\$	3443.20	\$	49.19
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	1	2CR		3,443.20		1721.60CR	.029CR		3443.20		49.19
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	·	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	3CR	\$	10.22CR	\$	3.41	.043CR	\$.00	\$.15CR
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	3CR		10.22CR		3.41	.043CR		.00		.15CR
@ORGANIZED OUTPATIENT CLINIC	811	1,147	\$	91,346.41	\$	79.64	16.386	\$	112.63	\$	1304.95
CLINIC	0	. 0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	811	1,147		91,346.41		79.64	16.386		112.63		1304.95
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MO		POR	T FOR JAN 2	002 THRU D	ЕC	2002	F	PAGE 7,980
MOP024	FEE-FOR-SERVICE/DEN	NTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASSIS	STANCE - AGED							
							MO	NT.	HLY AVERA	.GE	
70 ELIGIBLES	USERS UNI	ITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS		COST PER		COST PER

70 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	1,778	9,234 \$	564,190.35	\$ 61.10	131.914	317.32	\$ 8059.86
DURABLE MED. EQUIP.	1	2	98.83	49.42	.029	98.83	1.41
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	12	191.31	15.94	.171	95.66	2.73
AMBULANCES/AIR TRANS	1	9	152.93	16.99	.129	152.93	2.18
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	3	38.38	12.79	.043	38.38	.55
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	118	1,748	114,945.57	65.76	24.971	974.12	1642.08
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	984	5,501	428,792.67	77.95	78.586	435.76	6125.61
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	719	1,538	19,269.32	12.53	21.971	26.80	275.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	52.70	52.70	.014	52.70	.75
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	3	29.49	9.83	.043	14.75	.42
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	7	429	810.46	1.89	6.129	115.78	11.58
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	33	75	\$ 16,369.92	\$ 218.27	1.071	\$ 496.06	\$ 233.86

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MONTEREY COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,981 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

----- MONTHLY AVERAGE -----08 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 697.250 \$ 476.19 \$ 27976.44 @TOTAL, ALL PROVIDERS 470 5,578 223,811.48 40.12 61 68.27 7.625 \$ 122.49 \$ 520.59 @PHYSICIANS SERVICES 4,164.70 OUTPATIENT VISITS 18 20 1,386.40 69.32 2.500 77.02 173.30 95.96 OFFICE VISITS 8 767.70 1.000 95.96 95.96 .00 .00 .000 .00 .00 HOME VISITS EMERGENCY ROOM 186.93 62.31 .375 62.31 23.37 .00 .00 .00 .000 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT 431.77 47.97 1.125 53.97 53.97 INPATIENT VISITS 111.56 111.56 .125 111.56 13.95 HOSPITAL VISITS 111.56 111.56 .125 111.56 .00 .00 .000 CRITICAL CARE .00 .00 .00 .00 SNF/ICF/TRANS IP CARE .00 .000 .00 OPHTHALMOLOGICAL SERVICES 376.30 62.72 .750 62.72 47.04 EXAMINATIONS 376.30 62.72 .750 62.72 47.04 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 186.46 20.72 1.125 186.46 23.31 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST 186.46 20.72 1.125 186.46 23.31 1,700.89 188.99 1.125 340.18 212.61 OUTPATIENT SURGERY 1,573.27 224.75 .875 393.32 196.66 PRINCIPAL SURGEON ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST 127.62 63.81 .250 127.62 15.95 DIALYSIS .00 .00 .00 .000 .00 PATHOLOGY 23.21 23.21 .125 23.21 2.90 60.45 10.08 RADIOLOGY 6.72 1.125 7.56 .00 .00 .00 **PSYCHIATRY** .000 .00 .00 .00 .000 .00 IMMUNIZATION AND INJECTION .00 OTHER SERVICES/ALL X-OVERS 6 319.43 53.24 .750 79.86 39.93 2,370 @PHARMACY 163 66,381.36 28.01 296.250 \$ 407.25 \$ 8297.67 PRESCRIPTION DRUGS 144 245 58,720.38 239.68 30.625 407.78 7340.05

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	2	2		38.15		19.08	.250		19.08		4.77	
OUTPATIENTS	144	243		58,682.23		241.49	30.375		407.52		7335.28	
MEDICAL SUPPLIES	39	2,125		7,660.98		3.61	265.625		196.44		957.62	
@DENTIST	96	447	\$	19,339.94	\$	43.27	55.875	\$	201.46	\$	2417.49	
VISITS - DIAGNOSTIC	70	287		4,058.34		14.14	35.875		57.98		507.29	
ORAL SURGERY	13	28		1,198.00		42.79	3.500		92.15		149.75	
DRUGS	4	6		150.00		25.00	.750		37.50		18.75	
ANESTHESIA	5	4		100.00		25.00	.500		20.00		12.50	
PERIODONTICS	5	6		1,200.00		200.00	.750		240.00		150.00	
ENDODONTICS	2	2		286.00		143.00	.250		143.00		35.75	
RESTORATIVE DENTISTRY	20	78		6,259.00		80.24	9.750		312.95		782.38	
PROSTHETICS	1	1		30.00		30.00	.125		30.00		3.75	
DENTURES, STAYPLATES	9	32		6,023.60		188.24	4.000		669.29		752.95	
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00	
ORTHODONTIC SERVICES	1	1		35.00		35.00	.125		35.00		4.38	
ALL OTHER SERVICES	2	2		.00		.00	.250		.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	ES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	P	PAGE 7,982	
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03	

MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MONIEREI COUNTI	SUMMARI OF SER	VICES FOR FUBLIC	ASSI	STANCE - BLIND			M	ONTIT	HLY AVERA	CE	
08 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	7\ \ 7.T	ERAGE COST			COST PER	.GE	COST PER
00 EFIGIPTE2	USERS	OR DAYS OF CAR		EXPENDITORES		R UNIT/DAY	PER ELIG	-	USER		ELIGIBLE
@OPTOMETRIST	2	OR DAIS OF CAR		97.91	PEI S	24.48	.500		48.96	ċ	12.24
DIAGNOSTIC AND ANC. PROCED	2	4	\$.00	Ş	.00	.000	Ş	.00	Ş	.00
EYE APPLIANCES	0	0		97.91		24.48	.500		48.96		12.24
OTHER OPTOMETRIC SERVICES	2	4		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		ċ	.00	Ś	.00
-	0	0	Ą		Ş		.000	Ş		Ş	
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0	Ċ	.00	Ċ	.00	.000	Ċ		Ċ	.00
@PODIATRIST	U	0	\$.00	Ş	.00	.000	Þ	.00	\$.00
MEDICINE/INJECTIONS	0	U		.00		.00	.000		.00		.00
SURGERY/ANES.	U	U		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	U	U		.00		.00	.000		.00		.00
OTHER	0	0		.00	_	.00	.000		.00		.00
@HOME HEALTH AGENCY	14	1,704	\$	50,583.89	\$	29.69		\$	3613.14	\$	6322.99
NURSE ANESTHESIST	0	0	Ş	.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	Ş	.00	.000	\$.00	Ş	.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ş	.00	.000	\$.00	Ş	.00
@TOTAL HOSPITAL	28	106	\$	7,773.18	\$	73.33		\$	277.61	\$	971.65
HOSP INPATIENT TOTAL	2	8		4,606.26		575.78	1.000		2303.13		575.78
HSC HOSPITALS	1	7		2,122.40		303.20	.875		2122.40		265.30
NON-HSC HOSPITAL TOTAL	1	1		2,483.86		2483.86	.125		2483.86		310.48
ACCOMMODATIONS	1	1		782.59		782.59	.125		782.59		97.82
ADMINISTRATIVE DAYS	0	0		6.74		.00	.000		.00		.84
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		775.85		775.85	.125		775.85		96.98
ANCILLARIES	1	0		1,701.27		.00	.000		1701.27		212.66
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	26	98		3,166.92		32.32	12.250		121.80		395.87
MEDICAL	7	8		594.10		74.26	1.000		84.87		74.26
SURGERY	1	1		120.18		120.18	.125		120.18		15.02
PATHOLOGY	6	34		702.10		20.65	4.250		117.02		87.76

RADIOLOGY	5	7	354.37	50.62	.875	70.87	44.30
ROOM USE	19	23	738.46	32.11	2.875	38.87	92.31
CROSSOVERS/ALL OTH OUTPTNT	9	25	657.71	26.31	3.125	73.08	82.21
@COUNTY HOSPITAL TOTAL	1	1 \$	38.62	\$ 38.62	.125	\$ 38.62	\$ 4.83
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	38.62	38.62	.125	38.62	4.83
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.99	35.99	.125	35.99	4.50
CROSSOVERS/ALL OTH OUTPTNT	0	0	2.63	.00	.000	.00	.33
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE 7,983
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
MONTEREY COUNTY	SHMMARY OF SERVICES	FOR PIIRT.TC AS	SISTANCE - BLIND				

MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

MONIBREI COONII	SOMMANT OF SER	VICES FOR	TODLIC .	ADDID	TANCE DEIND		MC	NTHLY AVER	A C E	
08 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE C	OST UNITS/DAYS		LOL	COST PER
00 EETCIDEED	ООПКО	OR DAYS	-		EXTENDITORES	PER UNIT/		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	OK DAIS	105	\$	7,734.56	\$ 73.6			\$	966.82
COMM HOSP INPATIENT TOTAL	2 7		8	۲	4,606.26	575.7		2303.13	٧	575.78
HSC HOSPITALS	1		7		2,122.40	303.2		2122.40		265.30
NON-HSC HOSPITALS TOTAL	1		1		2,483.86	2483.8		2483.86		310.48
ACCOMMODATIONS	1		1		782.59	782.5		782.59		97.82
ACCOMMODATIONS ADMINISTRATIVE DAYS	0		0		6.74	.0		.00		.84
TRANSITIONAL IP CARE	0		0		.00	.0		.00		.00
ALL OTHER ACCOM	1		1		775.85	775.8		775.85		96.98
ANCILLARIES	1		0		1,701.27	.0		1701.27		212.66
INPATIENT CROSSOVERS	0		0		.00	.0		.00		.00
ALL OTHER INPATIENT	0		0		.00	.0		.00		.00
COMM HOSP OUTPATIENT TOTAL	25		97		3,128.30	32.2		125.13		391.04
MEDICAL	7		8		594.10	74.2		84.87		74.26
SURGERY	1		1		120.18	120.1		120.18		15.02
PATHOLOGY	6		34		702.10	20.6		117.02		87.76
RADIOLOGY	5		7		354.37	50.6		70.87		44.30
ROOM USE	18		22		702.47	31.9		39.03		87.81
CROSSOVERS/ALL OTH OUTPTNT	9		25		655.08	26.2		72.79		81.89
@STATE HOSPITAL	0		0	S	.00	\$.0			Ś	.00
MENTALLY ILL	0		0	Υ	.00	.0		.00	٧	.00
DEVELOP. DISABLED	0		0		.00	.0		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.0			Ś	.00
LEV A-INTERMEDIATE	0		0	т	.00	.0		.00	т	.00
LEV B-REHAB MD	0		0		.00	.0		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.0		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.0		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.0		.00		.00
LEV B-REGULAR	0		Õ		.00	.0		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.0			\$.00
								. , , , , ,		

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	8,895.87	\$.00	.000	\$.00	\$	1111.98
HOSPITAL BASED	0	0	•	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		8,895.87		.00	.000		.00		1111.98
@REHABILITATION FACILITY	1	3	\$	133.52	\$	44.51	.375	\$	133.52	\$	16.69
HOSPITAL BASED	1	3		133.52		44.51	.375		133.52		16.69
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	47.56	\$	23.78	.250	\$	23.78	\$	5.95
PATHOLOGY	2	2		47.56		23.78	.250		23.78		5.95
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	142	217	\$	15,894.15	\$	73.24	27.125	\$	111.93	\$	1986.77
CLINIC	1	2		224.00		112.00	.250		224.00		28.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	141	215		15,670.15		72.88	26.875		111.14		1958.77
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR'	T FOR JAN 2	2002 THRU	DEC	2002	Р	AGE 7,984
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSI	STANCE - BLIND							
							M		HLY AVERA	GΕ	
08 ELIGIBLES	USERS UNITS OF	F SERVICE	Ξ	EXPENDITURES		ERAGE COST	UNITS/DAY	S	COST PER		COST PER
	OR DAYS	S OF CAR	Ξ.		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	75	664	\$	50,499.40	\$	76.05	83.000	\$	673.33	\$	6312.43
DURABLE MED. EQUIP.	9	35		11,290.98		322.60	4.375		1254.55		1411.37
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00

ADULT DAY HEALTH CARE CTR	15	301	19,645.97	65.27	37.625	1309.73	2455.75	
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	35	249	17,470.48	70.16	31.125	499.16	2183.81	
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00	
OPTICIAN	15	35	497.52	14.21	4.375	33.17	62.19	
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00	
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00	
PROSTHETIST/ORTHOTISTS	2	20	1,397.41	69.87	2.500	698.71	174.68	
PROSTHETICS	2	20	1,397.41	69.87	2.500	698.71	174.68	
ORTHOTICS	0	0	.00	.00	.000	.00	.00	
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00	
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00	
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00	
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00	
LOCAL EDUCATION AGENCIES	5	24	197.04	8.21	3.000	39.41	24.63	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00	
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00	
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00	
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00	
@CALIF. CHILDREN SERVICES*	115	4,175	\$ 125,523.16	\$ 30.07	521.875	\$ 1091.51	\$ 15690.40	
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 8,913.08	\$ 8913.08	.125	\$ 8913.08	\$ 1114.14	

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,985 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

BOTHWIN OF BEI	WICES FOR TOBLIC A	DDID	TANCE DISABBED		MC	אוחווד א אוחווא	CE
HGEDG	IDITED OF SERVICE			ALIEDACE COCE			
USERS			EXPENDITURES				COST PER
01 860			10 000 000 00		_		ELIGIBLE
·	•						\$ 24208.49
•	- / -	Ş	•				
			•				115.38
286	358						40.06
1	1		37.42	37.42	.002	37.42	.08
180	212		17 , 585.97	82.95	.471	97.70	39.08
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
251	354		16,270.88	45.96	.787	64.82	36.16
209	1,386		104,303.01	75.25	3.080	499.06	231.78
197	1,215		79,553.53	65.48	2.700	403.83	176.79
33	169		24,663.68	145.94	.376	747.38	54.81
2	2		85.80	42.90	.004	42.90	.19
19	23		1,280.68	55.68	.051	67.40	2.85
19	23		1,280.68	55.68	.051	67.40	2.85
0	0		.00	.00	.000	.00	.00
99	1,062		104,057.31	97.98	2.360	1051.08	231.24
61	106		84,414.96	796.37	.236	1383.85	187.59
6	6		2,286.37	381.06	.013	381.06	5.08
49	950		17,355.98	18.27	2.111	354.20	38.57
175	713		47,667.57	66.85	1.584	272.39	105.93
103	158		28,259.10	178.86	.351	274.36	62.80
0	0		.00	.00	.000	.00	.00
84	555		19,408.47	34.97	1.233	231.05	43.13
1	1		.00	.00	.002	.00	.00
49	133		5,011.82	37.68	.296	102.28	11.14
	USERS 21,769 1,283 681 286 1 180 0 251 209 197 33 2 19 19 0 99 61 64 49 175 103 0 84	USERS UNITS OF SERVICE OR DAYS OF CARE 190,598 1,283 5,847 681 925 286 358 1 1 180 212 0 0 0 251 354 209 1,386 197 1,215 33 169 2 2 19 23 19 23 19 23 19 23 19 23 19 23 19 66 49 950 175 713 103 158 0 0 84 555 1	USERS UNITS OF SERVICE OR DAYS OF CARE 21,769	OR DAYS OF CARE 21,769	USERS UNITS OF SERVICE OR DAYS OF CARE PER UNIT/DAY 21,769 190,598 \$ 10,893,822.28 \$ 57.16 1,283 5,847 \$ 382,026.37 \$ 65.34 681 925 51,920.32 56.13 286 358 18,026.05 50.35 1 21 1 37.42 37.42 180 212 17,585.97 82.95 0 0 0 0 0 0 0 00 251 354 16,270.88 45.96 209 1,386 104,303.01 75.25 197 1,215 79,553.53 65.48 33 169 24,663.68 145.94 2 2 2 85.80 42.90 19 23 1,280.68 55.68 103 158 28,259.10 178.86 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 190,598 \$ 10,893,822.28 \$ 57.16 423.551 1,283 5,847 \$ 382,026.37 \$ 65.34 12.993 681 925 51,920.32 56.13 2.056 286 358 18,026.05 50.35 .796 1 1 1 1 37.42 37.42 .002 180 212 17,585.97 82.95 .471 0 0 0 0 .00 .00 .000 0 .000	USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE 21,769 190,598 \$ 10,893,822.28 \$ 57.16 423.551 \$ 500.43 1,283 5,847 \$ 382,026.37 \$ 65.34 12.993 \$ 297.76 681 925 51,920.32 56.13 2.056 76.24 286 358 18,026.05 50.35 .796 63.03 1 1 1 37.42 37.42 .002 37.42 180 212 17,585.97 82.95 .471 97.70 0 0 0 .00 .00 .00 .000 0 0 0 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	332	609		23,566.34		38.70	1.353		70.98		52.37
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	9	36		3,666.84		101.86	.080		407.43		8.15
OTHER SERVICES/ALL X-OVERS	365	959		40,552.48		42.29	2.131		111.10		90.12
@PHARMACY	10,335	49,118	\$	5,146,876.84	\$	104.79	109.151	\$	498.00	\$	11437.50
PRESCRIPTION DRUGS	10,126	23,571		4,302,104.53		182.52	52.380		424.86		9560.23
SNF/ICF	562	1,795		294,502.03		164.07	3.989		524.02		654.45
OUTPATIENTS	9,606	21,776		4,007,602.50		184.04	48.391		417.20		8905.78
MEDICAL SUPPLIES	533	25,547		844,772.31		33.07	56.771		1584.94		1877.27
@DENTIST	5,006	23,334	\$	968,455.22	\$	41.50	51.853	\$	193.46	\$	2152.12
VISITS - DIAGNOSTIC	3,413	14,374		185,013.82		12.87	31.942		54.21		411.14
ORAL SURGERY	693	2,046		106,203.47		51.91	4.547		153.25		236.01
DRUGS	90	97		1,971.00		20.32	.216		21.90		4.38
ANESTHESIA	88	96		7,988.85		83.22	.213		90.78		17.75
PERIODONTICS	338	373		60,250.25		161.53	.829		178.26		133.89
ENDODONTICS	307	455		80,931.34		177.87	1.011		263.62		179.85
RESTORATIVE DENTISTRY	1,479	4,439		353,017.25		79.53	9.864		238.69		784.48
PROSTHETICS	38	43		905.00		21.05	.096		23.82		2.01
DENTURES, STAYPLATES	431	1,275		167,381.01		131.28	2.833		388.36		371.96
SPACE MAINTAINERS	2	2		120.00		60.00	.004		60.00		.27
MAXILLOFACIAL SERVICES	16	22		1,133.23		51.51	.049		70.83		2.52
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	46	55		3,540.00		64.36	.122		76.96		7.87
ALL OTHER SERVICES	58	57		.00		.00	.127		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	S M	ONTH-OF-PAYMENT RE	EPOR?	r for jan	1 2002 THRU	DEC	2002	Р	AGE 7,986
											01/10/00

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED ------- MONTHLY AVERAGE ------

							M	CNO	HLY AVERA	GΕ	
450 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	1		PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	4	\$	100.56	\$	25.14	.009	\$	50.28	\$.22
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.002		47.45		.11
EYE APPLIANCES	1	3		53.11		17.70	.007		53.11		.12
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	11	22	\$	902.57	\$	41.03	.049	\$	82.05	\$	2.01
MEDICINE/INJECTIONS	10	21		877.47		41.78	.047		87.75		1.95
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	1	1		25.10		25.10	.002		25.10		.06
@HOME HEALTH AGENCY	85	1,447	\$	65,502.66	\$	45.27	3.216	\$	770.62	\$	145.56
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,132	9,219	\$	2,603,037.85	\$	282.36	20.487	\$	2299.50	\$	5784.53
HOSP INPATIENT TOTAL	244	1,905		2,289,510.87		1201.84	4.233		9383.24		5087.80
HSC HOSPITALS	188	1,319		2,110,796.20		1600.30	2.931		11227.64		4690.66
NON-HSC HOSPITAL TOTAL	10	51		134,248.22		2632.32	.113		13424.82		298.33
ACCOMMODATIONS	10	51		40,665.51		797.36	.113		4066.55		90.37
ADMINISTRATIVE DAYS	1	9		1,271.21		141.25	.020		1271.21		2.82
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	42		39,394.30		937.96	.093		4377.14		87.54
ANCILLARIES	10	0		93,582.71		.00	.000		9358.27		207.96

INPATIENT CROSSOVERS	48	535		44,466.45	83.11	1.189	926.38		98.81
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	953	7,314		313,526.98	42.87	16.253	328.99		696.73
MEDICAL	276	596		41,090.91	68.94	1.324	148.88		91.31
SURGERY	75	95		5,835.43	61.43	.211	77.81		12.97
PATHOLOGY	400	3,427		33,012.06	9.63	7.616	82.53		73.36
RADIOLOGY	249	453		86,589.30	191.15	1.007	347.75		192.42
ROOM USE	597	922		35,684.68	38.70	2.049	59.77		79.30
CROSSOVERS/ALL OTH OUTPTNT	356	1,821		111,314.60	61.13	4.047	312.68		247.37
@COUNTY HOSPITAL TOTAL	256	1,459	\$	512,863.37	\$ 351.52	3.242	\$ 2003.37	\$	1139.70
CO HOSPITAL INPATIENT TOTAL	103	808		488,416.29	604.48	1.796	4741.91		1085.37
HSC HOSPITALS	70	374		449,104.00	1200.81	.831	6415.77		998.01
NON-HSC HOSPITALS TOTAL	1	9		4,564.22	507.14	.020	4564.22		10.14
ACCOMMODATIONS	1	9		1,946.93	216.33	.020	1946.93		4.33
ADMINISTRATIVE DAYS	1	9		1,946.93	216.33	.020	1946.93		4.33
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	1	0		2,617.29	.00	.000	2617.29		5.82
INPATIENT CROSSOVERS	33	425		34,748.07	81.76	.944	1052.97		77.22
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	156	651		24,447.08	37.55	1.447	156.71		54.33
MEDICAL	15	24		1,741.33	72.56	.053	116.09		3.87
SURGERY	2	3		224.25	74.75	.007	112.13		.50
PATHOLOGY	71	311		2,419.34	7.78	.691	34.08		5.38
RADIOLOGY	43	53		8,342.36	157.40	.118	194.01		18.54
ROOM USE	93	122		4,650.73	38.12	.271	50.01		10.33
CROSSOVERS/ALL OTH OUTPTNT	60	138		7,069.07	51.23	.307	117.82		15.71
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MO	ONTH-OF-PAYMENT REF	ORT FOR JAN	2002 THRU	DEC 2002	P	AGE 7,987
MOP024	FEE-FOR-SERVICE/DEN	ITAL							01/17/03

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED MONTEREY COUNTY

HONIEKEI COONII	DOMINANT OF DEE	(VICES FOR FORE	AUU.	IDIANCE .	DISADDED							
								Mo	ГИC	HLY AVERA	GE	
450 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPEN	DITURES	ΑV	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CAR	E			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	904	7,760	\$	2,090	,174.48	\$	269.35	17.244	\$	2312.14	\$	4644.83
COMM HOSP INPATIENT TOTAL	145	1,097		1,801	,094.58		1641.84	2.438		12421.34		4002.43
HSC HOSPITALS	122	945		1,661	,692.20		1758.40	2.100		13620.43		3692.65
NON-HSC HOSPITALS TOTAL	9	42		129	,684.00		3087.71	.093		14409.33		288.19
ACCOMMODATIONS	9	42		38	,718.58		921.87	.093		4302.06		86.04
ADMINISTRATIVE DAYS	0	0			675.72CF	₹	.00	.000		.00		1.50CR
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	9	42		39	,394.30		937.96	.093		4377.14		87.54
ANCILLARIES	9	0		90	,965.42		.00	.000		10107.27		202.15
INPATIENT CROSSOVERS	15	110		9	,718.38		88.35	.244		647.89		21.60
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	817	6,663		289	,079.90		43.39	14.807		353.83		642.40
MEDICAL	263	572		39	,349.58		68.79	1.271		149.62		87.44
SURGERY	73	92		5	,611.18		60.99	.204		76.87		12.47
PATHOLOGY	332	3,116		30	,592.72		9.82	6.924		92.15		67.98
RADIOLOGY	210	400		78	,246.94		195.62	.889		372.60		173.88
ROOM USE	513	800		31	,033.95		38.79	1.778		60.50		68.96
CROSSOVERS/ALL OTH OUTPTNT	304	1,683		104	,245.53		61.94	3.740		342.91		231.66
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	9	145	\$	22	,271.48	\$	153.60	.322	\$	2474.61	\$	49.49
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	9	145		22,271.48		153.60	.322	2474.61		49.49
@INTERMEDIATE CARE FACILDD	1	31	\$	4,595.17	\$	148.23	.069 \$	4595.17	\$	10.21
ICF DDH	1	31		4,595.17		148.23	.069	4595.17		10.21
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	6	4CR	\$	57,913.16	\$ 1	4478.29CR	.009CR\$	9652.19	\$	128.70
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	6	4CR		57,913.16	1	4478.29CR	.009CR	9652.19		128.70
@REHABILITATION FACILITY	51	589	\$	14,359.11	\$	24.38	1.309 \$	281.55	\$	31.91
HOSPITAL BASED	32	79		8,481.86		107.37	.176	265.06		18.85
INDEPENDENT FACILITY	20	510		5 , 877.25		11.52	1.133	293.86		13.06
@LABORATORY FACILITY	22	34	\$	638.33	\$	18.77	.076 \$	29.02	\$	1.42
PATHOLOGY	22	34		638.33		18.77	.076	29.02		1.42
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,692	6 , 933	\$	538,331.59	\$	77.65	15.407 \$	114.73	\$	1196.29
CLINIC	1	1		162.05		162.05	.002	162.05		.36
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	6	106		1,218.38		11.49	.236	203.06		2.71
RURAL HEALTH CLINIC	4,685	6 , 826		536 , 951.16		78.66	15.169	114.61		1193.22
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU DEC	2002	Ρ	AGE 7,988
MOP024	FEE-FOR-SERVICE/DENT	AL								01/17/03
MONTED BY COUNTRY	OLIMANDA OLI OLIDIALOLO	DOD DUDT TO	TOOT	THANKS DIGABLED						

----- MONTHLY AVERAGE -----

MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

450 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,703	93 , 879 \$	1,088,811.37	\$ 11.60	208.620 \$	402.82	\$ 2419.58
DURABLE MED. EQUIP.	235	959	316,330.43	329.85	2.131	1346.09	702.96
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	66	299	27,285.99	91.26	.664	413.42	60.64
MEDICAL TRANSPORTATION	35	1,996	21,250.43	10.65	4.436	607.16	47.22
AMBULANCES/AIR TRANS	29	1,974	16,182.37	8.20	4.387	558.01	35.96
OTHER TRANS	1	6	40.50	6.75	.013	40.50	.09
OTHER SERVICES	7	16	5,027.56	314.22	.036	718.22	11.17
ACUPUNCTURE	1	1	16.22	16.22	.002	16.22	.04
ADULT DAY HEALTH CARE CTR	52	934	61,030.19	65.34	2.076	1173.66	135.62
GENETIC DISEASE TESTING	18	18	1,463.00	81.28	.040	81.28	3.25
IHMC, MODEL-NF, NF, AIDS, MSSP	496	9,328	402,657.86	43.17	20.729	811.81	894.80
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,327	2,870	33,673.55	11.73	6.378	25.38	74.83
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	98.94	24.74	.009	49.47	.22
PROSTHETIST/ORTHOTISTS	48	430	52,790.63	122.77	.956	1099.80	117.31
PROSTHETICS	48	430	52,790.63	122.77	.956	1099.80	117.31
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	22	1,120.68	50.94	.049	112.07	2.49
SPEECH AND AUDIOLOGY	5	11	484.47	44.04	.024	96.89	1.08
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	362	6 , 552	42,756.15	6.53	14.560	118.11	95.01
EPSDT SUPPLEMENTAL SERVICE	21	3,072	107,919.36	35.13	6.827	5139.02	239.82
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	93	67 , 383	19,933.47	.30	149.740	214.34	44.30
@CALIF. CHILDREN SERVICES*	2,530	91,862	\$ 4,852,163.57	\$ 52.82	204.138 \$	1917.85	\$ 10782.59
@XOVER EXCLUDING STATE HOSP**	111	797	\$ 115,072.55	\$ 144.38	1.771 \$	1036.69	\$ 255.72

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,989
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

11011121121 0001111	001111111111111111111111111111111111111		.01111100				
					MC	NTHLY AVERA	GE
971 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	25 , 773	90 , 151 \$	5,238,428.26	\$ 58.11	92.843	\$ 203.25	\$ 5394.88
@PHYSICIANS SERVICES	595	2 , 715 \$	399,256.07	\$ 147.06	2.796	\$ 671.02	\$ 411.18
OUTPATIENT VISITS	237	281	16,981.00	60.43	.289	71.65	17.49
OFFICE VISITS	103	126	8,504.32	67.49	.130	82.57	8.76
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	58	57	4,467.21	78.37	.059	77.02	4.60
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	10	503.88	50.39	.010	83.98	.52
OTHER OUTPATIENT	79	88	3,505.59	39.84	.091	44.37	3.61
INPATIENT VISITS	125	972	117,325.63	120.71	1.001	938.61	120.83
HOSPITAL VISITS	81	438	22,065.82	50.38	.451	272.42	22.72
CRITICAL CARE	65	534	95,259.81	178.39	.550	1465.54	98.10
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	8	11	573.47	52.13	.011	71.68	.59
EXAMINATIONS	8	11	573.47	52.13	.011	71.68	.59
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	62	369	43,809.75	118.73	.380	706.61	45.12
PRINCIPAL SURGEON	41	74	32,744.76	442.50	.076	798.65	33.72
ASSISTANT SURGEON	4	4	1,166.37	291.59	.004	291.59	1.20
ANESTHESIOLOGIST	25	291	9,898.62	34.02	.300	395.94	10.19

OUTPATIENT SURGERY	47	242		18,654.45		77.08	.249		396.90		19.21
PRINCIPAL SURGEON	33	61		13,182.22		216.10	.063		399.46		13.58
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	22	181		5,472.23		30.23	.186		248.74		5.64
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	25	59		2,088.54		35.40	.061		83.54		2.15
RADIOLOGY	185	296		10,657.36		36.00	.305		57.61		10.98
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	5	17		501.30		29.49	.018		100.26		.52
OTHER SERVICES/ALL X-OVERS	127	468		188,664.57		403.13	.482		1485.55		194.30
@PHARMACY	657	1,499	\$	350,860.73	\$	234.06	1.544	\$	534.03	\$	361.34
PRESCRIPTION DRUGS	634	998		127,181.66		127.44	1.028		200.60		130.98
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	634	998		127,181.66		127.44	1.028		200.60		130.98
MEDICAL SUPPLIES	50	501		223,679.07		446.47	.516		4473.58		230.36
@DENTIST	9,379	54 , 595	\$	1,541,534.79	\$	28.24	56.226	\$	164.36	\$	1587.57
VISITS - DIAGNOSTIC	6,840	36 , 057		435,800.85		12.09	37.134		63.71		448.82
ORAL SURGERY	1,188	2,149		128,775.59		59.92	2.213				132.62
DRUGS	1,460	1,618		37,873.75		23.41	1.666		25.94		39.00
ANESTHESIA	95	98		8,875.00		90.56	.101		93.42		9.14
PERIODONTICS	190	193		31,880.00		165.18	.199		167.79		32.83
ENDODONTICS	876	1,666		169,873.51		101.96	1.716		193.92		174.95
RESTORATIVE DENTISTRY	3 , 726	11,844		654,927.35		55.30	12.198		175.77		674.49
PROSTHETICS	15	16		425.00		26.56	.016		28.33		. 44
DENTURES, STAYPLATES	50	248		14,283.00		57.59	.255		285.66		14.71
SPACE MAINTAINERS	103	123		12,377.74		100.63	.127		120.17		12.75
MAXILLOFACIAL SERVICES	29	29		1,780.00		61.38			61.38		1.83
FRACTURES, DISLOCATIONS	2	2		525.00		262.50	.002		262.50		.54
ORTHODONTIC SERVICES	394	478		43,680.00		91.38	.492		110.86		44.98
ALL OTHER SERVICES	75	74		458.00		6.19	.076		6.11		.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES 1	MONTH-OF-PAYMENT RI	EPOR'	T FOR JAN	2002 THRU	DEC	2002	Р	AGE 7,990
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICE	S FOR PUBLIC	ASS	ISTANCE - FAMILIES							

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							MC	CNC	THLY AVERA	GΕ	
971 ELIGIBLES	USERS UNITS OF	SERVICE	€	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	3	COST PER		COST PER
	OR DAYS	OF CARE	€		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	8	\$	180.56	\$	22.57	.008	\$	90.28	\$.19
DIAGNOSTIC AND ANC. PROCED	2	2		94.90		47.45	.002		47.45		.10
EYE APPLIANCES	2	6		85.66		14.28	.006		42.83		.09
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	23	87	\$	6,039.19	\$	69.42	.090	\$	262.57	\$	6.22
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	533	2,361	\$	1,428,140.76	\$	604.89	2.432	\$	2679.44	\$	1470.79
HOSP INPATIENT TOTAL	113	964		1,359,851.61		1410.63	.993		12034.09		1400.47
HSC HOSPITALS	109	956		1,334,890.06		1396.33	.985		12246.70		1374.76

NON-HSC HOSPITAL TOTAL	4	8		24,961.55	3120.19	.008	6240.39		25.71
ACCOMMODATIONS	4	8		6,624.40	828.05	.008	1656.10		6.82
ADMINISTRATIVE DAYS	0	0		15.39CR	.00	.000	.00		.02CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	4	8		6,639.79	829.97	.008	1659.95		6.84
ANCILLARIES	4	0		18,337.15	.00	.000	4584.29		18.88
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	443	1,397		68,289.15	48.88	1.439			70.33
MEDICAL	71	112		8,336.33	74.43	.115	117.41		8.59
SURGERY	29	37		3,463.81	93.62	.038	119.44		3.57
PATHOLOGY	150	585		8,064.24	13.79	.602	53.76		8.31
RADIOLOGY	117	152		28,249.24	185.85	.157	241.45		29.09
ROOM USE	188	269		11,507.83	42.78	.277	61.21		11.85
CROSSOVERS/ALL OTH OUTPINT	134	242		8,667.70	35.82	.249	64.68		8.93
@COUNTY HOSPITAL TOTAL	128	487	\$	345,501.90	\$ 709.45	.502	\$ 2699.23	\$	355.82
CO HOSPITAL INPATIENT TOTAL	33	269		336,883.00	1252.35	.277	10208.58		346.94
HSC HOSPITALS	33	269		336,883.00	1252.35	.277	10208.58		346.94
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	95	218		8,618.90	39.54	.225	90.73		8.88
MEDICAL	15	22		1,446.32	65.74	.023	96.42		1.49
SURGERY	4	4		524.12	131.03	.004	131.03		.54
PATHOLOGY	34	66		897.44	13.60	.068	26.40		.92
RADIOLOGY	31	33		2,388.34	72.37	.034	77.04		2.46
ROOM USE	39	51		1,920.06	37.65	.053	49.23		1.98
CROSSOVERS/ALL OTH OUTPINT	20	42		1,442.62	34.35	.043	72.13		1.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITUE	RES MONTH-	OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PA	GE 7,991
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	PUBLIC	ASSISTANCE	E - FAMILIES					
						N	MONTHLY AVERA	GE -	

971 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER COMMUNITY HOSPITAL TOTAL 409 1,874 \$ 1,082,638.86 \$ 577.72 1.930 \$ 2647.04 \$ 1114.97

COMM HOSP INPATIENT TOTAL 80 695 1 022 968 61 1471 90 716 12787 11 1053 52

@COMMUNITY HOSPITAL TOTAL	409	1,8/4 \$	1,082,638.86 \$	5//./2	1.930	> 2647.04	\$ 1114.97
COMM HOSP INPATIENT TOTAL	80	695	1,022,968.61	1471.90	.716	12787.11	1053.52
HSC HOSPITALS	76	687	998,007.06	1452.70	.708	13131.67	1027.81
NON-HSC HOSPITALS TOTAL	4	8	24,961.55	3120.19	.008	6240.39	25.71
ACCOMMODATIONS	4	8	6,624.40	828.05	.008	1656.10	6.82
ADMINISTRATIVE DAYS	0	0	15.39CR	.00	.000	.00	.02CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	8	6 , 639.79	829.97	.008	1659.95	6.84
ANCILLARIES	4	0	18,337.15	.00	.000	4584.29	18.88
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	349	1,179	59 , 670.25	50.61	1.214	170.97	61.45
MEDICAL	56	90	6 , 890.01	76.56	.093	123.04	7.10
SURGERY	25	33	2 , 939.69	89.08	.034	117.59	3.03
PATHOLOGY	117	519	7,166.80	13.81	.535	61.25	7.38
RADIOLOGY	86	119	25 , 860.90	217.32	.123	300.71	26.63
ROOM USE	150	218	9 , 587.77	43.98	.225	63.92	9.87

CROSSOVERS/ALL OTH OUTPTNT	114	200		7,225.08		36.13	.206		63.38		7.44
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	13	105	\$	1,868.49	\$	17.80	.108	\$	143.73	\$	1.92
HOSPITAL BASED	8	20		939.85		46.99	.021		117.48		.97
INDEPENDENT FACILITY	5	85		928.64		10.93	.088		185.73		.96
@LABORATORY FACILITY	132	161	\$	3 , 516.95	\$	21.84	.166	\$	26.64	\$	3.62
PATHOLOGY	132	161		3 , 516.95		21.84	.166		26.64		3.62
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12,163	17 , 338	\$	1,354,768.93	\$	78.14	17.856	\$	111.38	\$	1395.23
CLINIC	7	24		860.17		35.84	.025		122.88		.89
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	1	13		157.94		12.15	.013		157.94		.16
RURAL HEALTH CLINIC	12,155	17 , 301		1,353,750.82		78.25	17.818		111.37		1394.18
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	Ρ	AGE 7,992
MOP024	FEE-FOR-SERVICE	I/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSI	ISTANCE - FAMILIES							
							M	TIC	HLY AVERA	GE.	
971 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E			UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	3 , 699	11,282	\$	152,261.79	\$	13.50	11.619	\$	41.16	\$	156.81

USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
3 , 699	11,282 \$	152,261.79	\$ 13.50	11.619	\$ 41.16	\$ 156.81
27	120	10,474.30	87.29	.124	387.94	10.79
0	0	.00	.00	.000	.00	.00
14	52	6,411.35	123.30	.054	457.95	6.60
3	182	1,117.68	6.14	.187	372.56	1.15
3	182	1,117.68	6.14	.187	372.56	1.15
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
3	12	808.47	67.37	.012	269.49	.83
194	195	15,122.00	77.55	.201	77.95	15.57
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1,135	2,428	21,786.47	8.97	2.501	19.20	22.44
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
14	60	10,334.96	172.25	.062	738.21	10.64
14	60	10,334.96	172.25	.062	738.21	10.64
0	0	.00	.00	.000	.00	.00
10	42	2,924.62	69.63	.043	292.46	3.01
11	39	4,998.94	128.18	.040	454.45	5.15
	3,699 27 0 14 3 3 0 0 0 3 194 0 0 1,135 0 0 14 14	OR DAYS OF CARE 3,699 11,282 7 120 0 0 14 52 3 182 3 182 0 0 0 0 0 0 14 195 0 0 0 1,135 2,428 0 0 14 60 14 60 10 42	OR DAYS OF CARE 3,699	OR DAYS OF CARE 3,699 11,282 \$ 152,261.79 \$ 13.50 27 120 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE PER UNIT/DAY PER ELIG 3,699 11,282 \$ 152,261.79 \$ 13.50 11.619 \$ 27 0 0 10,474.30 87.29 .124 0 .00 .00 .000 .000 14 52 6,411.35 123.30 .054	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 3,699 11,282 \$ 152,261.79 \$ 13.50 11.619 \$ 41.16 27 120 10,474.30 87.29 .124 387.94 0 0 .00 .00 .00 .00 14 52 6,411.35 123.30 .054 457.95 3 182 1,117.68 6.14 .187 372.56 3 182 1,117.68 6.14 .187 372.56 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 194 195 15,122.00 77.55 .201 77.95 0 0 .00 .00 .00 .00 1,135 2,428 21,786.47 8.97 2.501

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,309	8,152	78,283.00	9.60	8.395	33.90	80.62
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	825	5 , 585	\$ 2,064,648.50	\$ 369.68	5.752	\$ 2502.60	\$ 2126.31
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

0 * TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,993
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR PUBLIC A	ASSIS	STANCE				
						MON		
1,499 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
	52,581		\$	17,496,277.88	\$ 56.89	205.153 \$		\$ 11671.97
@PHYSICIANS SERVICES	1,930	8,686	\$		\$ 90.57	5.795 \$		•
OUTPATIENT VISITS	938	1,228		70,362.62	57.30	.819	75.01	46.94
OFFICE VISITS	398	493		27 , 328.37	55.43	.329	68.66	18.23
HOME VISITS	1	1		37.42	37.42	.001	37.42	.02
EMERGENCY ROOM	242	273		22,284.71	81.63	.182	92.09	14.87
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	6	10		503.88	50.39	.007	83.98	.34
OTHER OUTPATIENT	338	451		20,208.24	44.81	.301	59.79	13.48
INPATIENT VISITS	338	2,365		221,968.10	93.86	1.578	656.71	148.08
HOSPITAL VISITS	282	1,660		101,958.81	61.42	1.107	361.56	68.02
CRITICAL CARE	98	703		119,923.49	170.59	.469	1223.71	80.00
SNF/ICF/TRANS IP CARE	2	2		85.80	42.90	.001	42.90	.06
OPHTHALMOLOGICAL SERVICES	33	40		2,230.45	55.76	.027	67.59	1.49
EXAMINATIONS	33	40		2,230.45	55.76	.027	67.59	1.49
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	162	1,440		148,053.52	102.81	.961	913.91	98.77
PRINCIPAL SURGEON	102	180		117,159.72	650.89	.120	1148.62	78.16
ASSISTANT SURGEON	10	10		3,452.74	345.27	.007	345.27	2.30
ANESTHESIOLOGIST	75	1,250		27,441.06	21.95	.834	365.88	18.31
OUTPATIENT SURGERY	227	964		68 , 022.91	70.56	.643	299.66	45.38
PRINCIPAL SURGEON	140	226		43,014.59	190.33	.151	307.25	28.70
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	107	738		25,008.32	33.89	.492	233.72	16.68
DIALYSIS	1	1		.00	.00	.001	.00	.00
PATHOLOGY	75	193		7,123.57	36.91	.129	94.98	4.75
RADIOLOGY	523	914		34,284.15	37.51	.610	65.55	22.87
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	14	53		4,168.14	78.64	.035	297.72	2.78
OTHER SERVICES/ALL X-OVERS	511	1,488		230,508.39	154.91	.993	451.09	153.77
@PHARMACY	11,811	57 , 224	\$	5,679,701.73	\$ 99.25	38.175 \$	480.88	\$ 3788.99
PRESCRIPTION DRUGS	11,556	25 , 764		4,602,941.42	178.66	17.187	398.32	3070.67
SNF/ICF	672	1,974		314,175.81	159.16	1.317	467.52	209.59
OUTPATIENTS	10,929	23 , 790		4,288,765.61	180.28	15.871	392.42	2861.08
MEDICAL SUPPLIES	629	31,460		1,076,760.31	34.23	20.987	1711.86	718.32
@DENTIST	16,016	84,767	\$	2,873,917.35	\$ 33.90	56.549 \$	179.44	\$ 1917.22
VISITS - DIAGNOSTIC	11,295	54,404		671,699.37	12.35	36.294	59.47	448.10
ORAL SURGERY	2,141	4,996		276,040.40	55.25	3.333	128.93	184.15

DRUGS	1,555	1,722		40,009.75	23.23	1.149	25.73		26.69
ANESTHESIA	212	225		19,274.85	85.67	.150	90.92		12.86
PERIODONTICS	625	663		108,990.25	164.39	.442	174.38		72.71
ENDODONTICS	1,242	2,196		267,839.85	121.97	1.465	215.65		178.68
RESTORATIVE DENTISTRY	5,565	17,280		1,097,344.35	63.50	11.528	197.19		732.05
PROSTHETICS	60	67		1,560.00	23.28	.045	26.00		1.04
DENTURES, STAYPLATES	828	2,352		327,409.56	139.20	1.569	395.42		218.42
SPACE MAINTAINERS	105	125		12,497.74	99.98	.083	119.03		8.34
MAXILLOFACIAL SERVICES	46	52		3,013.23	57.95	.035	65.51		2.01
FRACTURES, DISLOCATIONS	2	2		525.00	262.50	.001	262.50		.35
ORTHODONTIC SERVICES	441	534		47,255.00	88.49	.356	107.15		31.52
ALL OTHER SERVICES	151	149		458.00	3.07	.099	3.03		.31
#CALIF DEPT OF HEALTH SERV			RES M	MONTH-OF-PAYMENT RE	EPORT FOR JAM	1 2002 THRU D	EC 2002	Р	AGE 7,994
MOP024	FEE-FOR-SERVICE/	DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR PUBLIC	ASSI	ISTANCE					
						MO	NTHLY AVERA	AGE	
1,499 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES		ST UNITS/DAYS			COST PER
		OR DAYS OF CARE	C		PER UNIT/DA		USER		ELIGIBLE
@OPTOMETRIST	11	26	\$	606.96	\$ 23.34	.017	•	\$.40
DIAGNOSTIC AND ANC. PROCED	4	4		152.35	38.09	.003	38.09		.10
EYE APPLIANCES	8	22		385.71	17.53	.015	48.21		.26
OTHER OPTOMETRIC SERVICES	1	0		68.90	.00	.000	68.90		.05
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	•	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	11	22	\$	902.57	\$ 41.03	.015		\$.60
MEDICINE/INJECTIONS	10	21		877.47	41.78	.014	87.75		.59
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	1	1		25.10	25.10	.001	25.10		.02
@HOME HEALTH AGENCY	122	3,238	\$	122,125.74	\$ 37.72		\$ 1001.03		81.47
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00		.00	.000	\$.00		.00
@TOTAL HOSPITAL	1,705	11,776	\$	4,054,696.00	\$	344.32	7.856	\$	2378.12	\$	2704.93
HOSP INPATIENT TOTAL	367	2 , 958		3,669,105.73			1.973		9997.56		2447.70
HSC HOSPITALS	299	2,289		3,452,508.66		1508.30	1.527		11546.85		2303.21
NON-HSC HOSPITAL TOTAL	15	60		161,647.46		2694.12	.040		10776.50		107.84
ACCOMMODATIONS	15	60		48,027.71		800.46	.040		3201.85		32.04
ADMINISTRATIVE DAYS	1	9		1,217.77		135.31	.006		1217.77		.81
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	14	51		46,809.94		917.84	.034		3343.57		31.23
ANCILLARIES	15	0		113,619.75		.00	.000		7574.65		75.80
INPATIENT CROSSOVERS	55	609		54,949.61		90.23	.406		999.08		36.66
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1,426	8,818		385,590.27		43.73	5.883		270.40		257.23
MEDICAL	354	716		50,030.13		69.87	.478		141.33		33.38
SURGERY	105	133		9,419.42		70.82	.089		89.71		6.28
PATHOLOGY	556	4,046		41,787.04		10.33	2.699		75.16		27.88
RADIOLOGY	371	612		115,239.57		188.30	.408		310.62		76.88
ROOM USE	804	1,214		47,941.85		39.49	.810		59.63		31.98
CROSSOVERS/ALL OTH OUTPTNT	503	2,097		121,172.26		57.78	1.399		240.90		80.84
@COUNTY HOSPITAL TOTAL	387	1,959	\$	863,374.95	\$	440.72	1.307	\$	2230.94	\$	575.97
CO HOSPITAL INPATIENT TOTAL	138	1,089		830,270.35		762.42	.726		6016.45		553.88
HSC HOSPITALS	104	650		790,687.00		1216.44	.434		7602.76		527.48
NON-HSC HOSPITALS TOTAL	1	9		4,564.22		507.14	.006		4564.22		3.04
ACCOMMODATIONS	1	9		1,946.93		216.33	.006		1946.93		1.30
ADMINISTRATIVE DAYS	1	9		1,946.93		216.33	.006		1946.93		1.30
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		2,617.29		.00	.000		2617.29		1.75
INPATIENT CROSSOVERS	34	430		35,019.13		81.44	.287		1029.97		23.36
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	252	870		33,104.60		38.05	.580		131.37		22.08
MEDICAL	30	46		3,187.65		69.30	.031		106.26		2.13
SURGERY	6	7		748.37		106.91	.005		124.73		.50
PATHOLOGY	105	377		3,316.78		8.80	.252		31.59		2.21
RADIOLOGY	74	86		10,730.70		124.78			145.01		7.16
ROOM USE	133	174		6,606.78		37.97	.116		49.68		4.41
CROSSOVERS/ALL OTH OUTPINT	80	180		8,514.32		47.30	.120		106.43		5.68
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	'URES	MONTH-OF-PAYMENT 1	REPOR	RT FOR JAN	2002 THRU	DEC	2002	P	AGE 7,995
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	R PUBLI	C ASS	ISTANCE							
										~-	

----- MONTHLY AVERAGE -----1,499 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,350 9,817 3,191,321.05 \$ 325.08 6.549 \$ 2363.94 \$ 2128.97 @COMMUNITY HOSPITAL TOTAL 233 1,869 1518.91 1.247 12183.84 COMM HOSP INPATIENT TOTAL 2,838,835.38 1893.82 199 HSC HOSPITALS 1,639 2,661,821.66 1624.05 1.093 13375.99 1775.73 NON-HSC HOSPITALS TOTAL 14 51 157,083.24 3080.06 .034 11220.23 104.79 14 51 46,080.78 903.54 .034 3291.48 30.74 ACCOMMODATIONS ADMINISTRATIVE DAYS 0 0 729.16CR .00 .000 .00 .49CR 0 0 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 51 14 46,809.94 917.84 .034 3343.57 31.23 ALL OTHER ACCOM ANCILLARIES 14 0 111,002.46 .00 .000 7928.75 74.05 INPATIENT CROSSOVERS 21 179 19,930.48 111.34 .119 949.07 13.30 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	1,195	7,948		352,485.67		44.35	5.302		294.97		235.15
MEDICAL	326	670		46,842.48		69.91	.447		143.69		31.25
SURGERY	99	126		8,671.05		68.82	.084		87.59		5.78
PATHOLOGY	455	3,669		38,470.26		10.49	2.448		84.55		25.66
RADIOLOGY	301	526		104,508.87		198.69	.351		347.21		69.72
ROOM USE	681	1,040		41,335.07		39.75	.694		60.70		27.58
CROSSOVERS/ALL OTH OUTPINT	431	1,917		112,657.94		58.77	1.279		261.39		75.16
@STATE HOSPITAL	Ω	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0 0 11 0	176	\$	26,100.55	\$	148.30	.117	\$	2372.78	\$	17.41
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0 0 11 1	176		26,100.55		148.30	.117		2372.78		17.41
@INTERMEDIATE CARE FACILDD	1	31	\$	4,595.17	\$.021	\$	4595.17	\$	3.07
ICF DDH	1	31		4,595.17		148.23	.021		4595.17		3.07
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED	7	6CR	\$	70,252.23	\$	11708.71CR	.004C	R\$	10036.03	\$	46.87
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	7	6CR		70,252.23		11708.71CR	.004C	R	10036.03		46.87
@REHABILITATION FACILITY	65	697	\$	16,361.12	\$	23.47	.465	\$	251.71	\$	10.91
HOSPITAL BASED	41	102		9,555.23		93.68	.068		233.05		6.37
INDEPENDENT FACILITY	25	595		6,805.89		11.44	.397		272.24		4.54
@LABORATORY FACILITY	156	194	\$	4,192.62	\$	21.61	.129	\$	26.88	\$	2.80
PATHOLOGY	156	197		4,202.84		21.33	.131		26.94		2.80
XO AND OTHERS	0	3CR		10.22CR	2	3.41	.002C	R	.00		.01CR
@ORGANIZED OUTPATIENT CLINIC	17 , 808	25 , 635	\$	2,000,341.08	\$	78.03	17.101	\$	112.33	\$	1334.45
CLINIC	9	27		1,246.22		46.16	.018		138.47		.83
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	7	119		1,376.32		11.57	.079		196.62		.92
RURAL HEALTH CLINIC	17 , 792	25,489		1,997,718.54		78.38	17.004		112.28		1332.70
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	EPOF	RT FOR JAN 2	2002 THRU	DEC	2002	P	AGE 7,996
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS]	ISTANCE							
							Mo	TNC	HLY AVERA	GE.	
1,499 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
Oli Chill Decited	0 0 5 5	115 050	_	1 055 760 01	_	16 10	76 757	<u> </u>	004 00	~	1000 00

1,499 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	8 , 255	115,059 \$	1,855,762.91	\$ 16.13	76.757	\$ 224.80	\$ 1238.00
DURABLE MED. EQUIP.	272	1,116	338,194.54	303.04	.744	1243.36	225.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	80	351	33,697.34	96.00	.234	421.22	22.48
MEDICAL TRANSPORTATION	40	2,190	22,559.42	10.30	1.461	563.99	15.05
AMBULANCES/AIR TRANS	33	2,165	17,452.98	8.06	1.444	528.88	11.64
OTHER TRANS	1	6	40.50	6.75	.004	40.50	.03
OTHER SERVICES	8	19	5,065.94	266.63	.013	633.24	3.38
ACUPUNCTURE	1	1	16.22	16.22	.001	16.22	.01
ADULT DAY HEALTH CARE CTR	188	2 , 995	196,430.20	65.59	1.998	1044.84	131.04
GENETIC DISEASE TESTING	212	213	16,585.00	77.86	.142	78.23	11.06
IHMC, MODEL-NF, NF, AIDS, MSSP	1,515	15 , 078	848,921.01	56.30	10.059	560.34	566.32
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3 , 196	6 , 871	75,226.86	10.95	4.584	23.54	50.18
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	2	4	98.94	24.74	.003	49.47	.07
PROSTHETIST/ORTHOTISTS	64	510	64,523.00	126.52	.340	1008.17	43.04
PROSTHETICS	64	510	64,523.00	126.52	.340	1008.17	43.04
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	20	64	4,045.30	63.21	.043	202.27	2.70
SPEECH AND AUDIOLOGY	17	51	5,536.11	108.55	.034	325.65	3.69
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,678	14,731	121,265.68	8.23	9.827	45.28	80.90
EPSDT SUPPLEMENTAL SERVICE	21	3,072	107,919.36	35.13	2.049	5139.02	71.99
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	100	67 , 812	20,743.93	.31	45.238	207.44	13.84
@CALIF. CHILDREN SERVICES*	3,470	101,622	\$ 7,042,335.23	\$ 69.30	67.793	\$ 2029.49	\$ 4698.02
@XOVER EXCLUDING STATE HOSP**	145	873	\$ 140,355.55	\$ 160.77	.582	\$ 967.97	\$ 93.63

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 7,997
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

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01 811018180	HORDO	INTEG OF GERMAN		ATTERNACE COOR	MON		
81 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	1 605	OR DAYS OF CARE	001 150 04	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,637	5,094 \$	291,153.84	\$ 57.16	62.889 \$		\$ 3594.49
@PHYSICIANS SERVICES	9	71 \$	2,282.59	\$ 32.15	.877 \$		\$ 28.18
OUTPATIENT VISITS	6	11	598.99	54.45	.136	99.83	7.39
OFFICE VISITS	2	4	181.70	45.43	.049	90.85	2.24
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6	398.09	66.35	.074	99.52	4.91
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.012	19.20	.24
INPATIENT VISITS	3	38	1,374.75	36.18	.469	458.25	16.97
HOSPITAL VISITS	3	38	1,374.75	36.18	.469	458.25	16.97
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	70.56	7.06	.123	23.52	.87
RADIOLOGY	2	10	181.56	18.16	.123	90.78	2.24
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	56.73	28.37	.025	28.37	.70
@PHARMACY	227	466 \$	33,582.94	\$ 72.07	5.753 \$		
PRESCRIPTION DRUGS	226	365	33,442.33	91.62	4.506	147.97	412.87
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^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	24	40	4,030.66		100.77	.494	167.94	49.76
OUTPATIENTS	203	325	29,411.67		90.50	4.012	144.89	363.11
MEDICAL SUPPLIES	2	101	140.61		1.39	1.247	70.31	1.74
@DENTIST	551	2,480 \$	129,549.11		52.24	30.617	\$ 235.12	\$ 1599.37
VISITS - DIAGNOSTIC	354	1,446	19,263.75		13.32	17.852	54.42	237.82
ORAL SURGERY	92	275	12,502.66		45.46	3.395	135.90	154.35
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	5 32	5	300.00		60.00	.062	60.00	3.70
PERIODONTICS	32	33	5,425.00		164.39	.407	169.53	66.98
ENDODONTICS	32	61	13,732.00		225.11	.753	429.13	169.53
RESTORATIVE DENTISTRY	135	401	41,602.50		103.75	4.951	308.17	513.61
PROSTHETICS	6	7	160.00		22.86	.086	26.67	1.98
DENTURES, STAYPLATES	87	244	36,563.20		149.85	3.012	420.27	451.40
SPACE MAINTAINERS	0	0	.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00	.00
ALL OTHER SERVICES	8	8	.00		.00	.099	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT I	REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 7,998
MOP024	FEE-FOR-SERVICE	/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR MN - NO SO	C - AGED	AID C	ODE 14 1H	1U		
						MC	NTHLY AVERA	GE
81 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES			UNITS/DAYS		COST PER
		OR DAYS OF CARE			R UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	1 \$	22.59		22.59	.012		
DIAGNOSTIC AND ANC. PROCED	1	1	22.59		22.59	.012	22.59	.28
EYE APPLIANCES	0	0	.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	•	\$.00
VISITS	0	0	.00		.00	.000	.00	.00

81 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ERAGE COST		S	COST PER	COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY			USER	ELIGIBLE
@OPTOMETRIST	1	1	\$ 22.59	\$	22.59	.012	\$	22.59	\$.28
DIAGNOSTIC AND ANC. PROCED	1	1	22.59		22.59	.012		22.59	.28
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	8	44	\$ 12,562.31	\$	285.51	.543	\$	1570.29	\$ 155.09
HOSP INPATIENT TOTAL	2	24	12,145.83		506.08	.296		6072.92	149.95
HSC HOSPITALS	1	12	11,400.00		950.00	.148		11400.00	140.74
NON-HSC HOSPITAL TOTAL	0	0	46.17CF	₹	.00	.000		.00	.57CR
ACCOMMODATIONS	0	0	46.17CF	2	.00	.000		.00	.57CR
ADMINISTRATIVE DAYS	0	0	46.17CF	₹	.00	.000		.00	.57CR
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	1	12	792.00		66.00	.148		792.00	9.78
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	6	20	416.48		20.82	.247		69.41	5.14
MEDICAL	1	1	44.66		44.66	.012		44.66	.55
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	3	13	166.34		12.80	.160		55.45	2.05

RADIOLOGY	2	3	83.15		27.72	.037	41.58	1.03
ROOM USE	3	3	119.33		39.78	.037	39.78	1.47
CROSSOVERS/ALL OTH OUTPINT	0	0	3.00		.00	.000	.00	.04
@COUNTY HOSPITAL TOTAL	5	14 \$	986.12	\$	70.44	.173 \$		
CO HOSPITAL INPATIENT TOTAL	1	6	792.00	Ψ	132.00	.074	792.00	9.78
HSC HOSPITALS	0	0	.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	0	0	.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6	792.00		132.00	.074	792.00	9.78
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	8	194.12		24.27	.099	48.53	2.40
MEDICAL	1	1	31.28		31.28	.012	31.28	.39
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	1	3	42.05		14.02	.037	42.05	.52
RADIOLOGY	1	2	54.57		27.29	.025	54.57	.67
ROOM USE	2	2	66.22		33.11	.025	33.11	.82
CROSSOVERS/ALL OTH OUTPINT	0	0	.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MC	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU DE	C 2002	PAGE 7,999
MOP024	FEE-FOR-SERVICE/DEN	TAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR MN - NO SOC	- AGED	AID CO	DDE 14 1H	1U		
						MON	THLY AVERAG	GE
81 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER		PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	30 \$	11,576.19	\$	385.87	.370 \$	3858.73	\$ 142.92
COMM HOSP INPATIENT TOTAL	1	18	11,353.83		630.77	.222	11353.83	140.17
HSC HOSPITALS	1	12	11,400.00		950.00	.148	11400.00	140.74
NON-HSC HOSPITALS TOTAL	0	0	46.17C		.00	.000	.00	.57CR
ACCOMMODATIONS	0	0	46.17C	R	.00	.000	.00	.57CR

ADMINISTRATIVE DAYS	0	0		46.17C	:R	.00	.000	.00		.57CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	6		.00		.00	.074	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2	12		222.36		18.53	.148	111.18		2.75
MEDICAL	0	0		13.38		.00	.000	.00		.17
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	2	10		124.29		12.43	.123	62.15		1.53
RADIOLOGY	1	1		28.58		28.58	.012	28.58		.35
ROOM USE	1	1		53.11		53.11	.012	53.11		.66
CROSSOVERS/ALL OTH OUTPINT	0	0		3.00		.00	.000	.00		.04
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		Ś	.00
MENTALLY ILL	0	0	•	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	1	31	Ś	3,533.38	\$	113.98	.383		\$	43.62
LEV A-INTERMEDIATE	0	0	Ψ	.00	Τ.	.00	.000	.00	т	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	· ·	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	1	31		3,533.38		113.98	.383	3533.38		43.62
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$.00	.000		Ś	.00
ICF DDH	0	0	Y	.00	Y	.00	.000	.00	Y	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	1CR	Ġ	342.08	Ś	342.08CR	.012CR		Ś	4.22
HOSPITAL BASED	0	0	Ÿ	.00	Y	.00	.000	.00	Y	.00
HEMODIALYSIS CENTER	0	1CR		342.08		342.08CR	.012CR			4.22
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	Ą	.00	۲	.00	.000	.00	۲	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	9	\$	98.05	\$	10.89	.111		ċ	1.21
PATHOLOGY	2	9	Ą	98.05	Ą	10.89	.111	49.03	Ą	1.21
	2	0		.00			.000	.00		.00
XO AND OTHERS	679		\$		\$.00	14.654		ċ	1003.47
@ORGANIZED OUTPATIENT CLINIC	6/9	1,187	Ą	81,280.72	Ą	68.48		489.90	Ş	
CLINIC	0	179		3,429.31		19.16	2.210			42.34
SURGICENTER	•	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0					.00	.000	.00		.00
RURAL HEALTH CLINIC	676	1,008		77,851.41	EDOD	77.23	12.444	115.16	_	961.13
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	UUZ THRU D	EC 2002	Ρ	AGE 8,000
MOP024	FEE-FOR-SERVICE		000	A CED	7 T D	CODE 14 111	1 ***			01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR MN - NO	SOC	- AGED	AID	CODE 14 IH		NIMILI I A 1700		
01 ELICIDIES	HOEDO	INTEG OF CEDITOR		EXPENDITURES	7. 7. 7	EDACE COCE		NTHLY AVER		
81 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES						
ANTI OMILED DDOMIDEDO	2.01	OR DAYS OF CARE		27 000 07		R UNIT/DAY		USER \$ 106.90		ELIGIBLE
@ALL OTHER PROVIDERS	261		\$	27,900.07	Ą			•	Ş	
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	1	5		157.58		31.52	.062	157.58		1.95
AMBULANCES/AIR TRANS	1	5		157.58		31.52	.062	157.58		1.95
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	17	260	17,300.40	66.54	3.210	1017.67	213.59
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	52	4,150.37	79.81	.642	377.31	51.24
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	227	475	6,016.42	12.67	5.864	26.50	74.28
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	14	275.30	19.66	.173	55.06	3.40
@CALIF. CHILDREN SERVICES*	0	5CR \$	275.27CR \$	55.05	.062CR\$.00 \$	3.40CR
@XOVER EXCLUDING STATE HOSP**	6	13 \$	1,409.38 \$	108.41	.160 \$	234.90 \$	17.40

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,001
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

----- MONTHLY AVERAGE -----02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 12 26.08 6.000 \$ 62.59 \$ 156.48 @TOTAL, ALL PROVIDERS 5 \$ 312.95 \$ \$.000 \$.00 \$ @PHYSICIANS SERVICES 0 0 .00 \$.00 .00 OUTPATIENT VISITS 0 0 .00 .00 .000 .00 .00 .00 .00 OFFICE VISITS .00 .000 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 .00 .00 .000 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.0	0	.00	.000	.00		.00
PSYCHIATRY	0	0	.0	0	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.0	0	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.0	0	.00	.000	.00		.00
@PHARMACY	0	0 \$. C	0 \$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	. C	0	.00	.000	.00		.00
SNF/ICF	0	0	. C	0	.00	.000	.00		.00
OUTPATIENTS	0	0	. C	0	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	. C	0	.00	.000	.00		.00
@DENTIST	1	4 \$	49.0	0 \$	12.25	2.000	\$ 49.00	\$	24.50
VISITS - DIAGNOSTIC	1	4	49.0	0	12.25	2.000	49.00		24.50
ORAL SURGERY	0	0	. C	0	.00	.000	.00		.00
DRUGS	0	0	. C	0	.00	.000	.00		.00
ANESTHESIA	0	0	.0	0	.00	.000	.00		.00
PERIODONTICS	0	0	.0	0	.00	.000	.00		.00
ENDODONTICS	0	0	.0	0	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	. C	0	.00	.000	.00		.00
PROSTHETICS	0	0	.0	0	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.0	0	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.0	0	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.0	0	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	. C	0	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.0	0	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.0	0	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAG	
MOP024	FEE-FOR-SERVICE/DENTA	ΑL							01/17/03

----- MONTHLY AVERAGE -----

MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	-	COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	-					
NON-HSC HOSPITALS TOTAL	U	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	Ü	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	Ō	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 8,003
MOP024	FEE-FOR-SERVICE		III OF TATHENT RE	TORT FOR OAN 2	OUZ TIINO DEN	2002	01/17/03
MONTEREY COUNTY		ICES FOR MN - NO SOC -	DITND	AID CODE	2.4		01/1//03
MONIEREI COUNTI	SUMMARI OF SERV.	ICES FOR MIN - NO SOC -	BLIND		MON'	ת משולע אוויים	ים
02 ELIGIBLES							3111
02 ELIGIBLES	IICEDC	INITES OF SERVICE	EADEMULLIDES	AMEDICE COST		COST DED	COST DED
	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ACOMMUNITARY HOODITARY HORAT		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DAYS OF CARE 0 \$.00	PER UNIT/DAY \$.00	PER ELIG .000 \$	USER .00	ELIGIBLE \$.00
COMM HOSP INPATIENT TOTAL	0	OR DAYS OF CARE 0 \$ 0	.00	PER UNIT/DAY \$.00 .00	PER ELIG .000 \$.000	USER .00 .00	ELIGIBLE \$.00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	0	OR DAYS OF CARE 0 \$ 0 0	.00	PER UNIT/DAY \$.00 .00 .00	PER ELIG .000 \$.000 .000	USER .00 .00	ELIGIBLE \$.00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	OR DAYS OF CARE 0 \$ 0 0 0 0	.00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00	PER ELIG .000 \$.000 .000	USER .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	0	OR DAYS OF CARE 0 \$ 0 0 0 0 0	.00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000	USER .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00	ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00	\$.00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	0	OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0	.00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .000 .000 .000 .000	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	0 0 0 0 0 0 0 0 0	OR DAYS OF CARE	.00 .00 .00 .00 .00 .00 .00 .00 .00	PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER ELIG	USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	\$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

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@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

0

0

0

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$	223.97	\$	74.66	1.500	\$	74.66	\$	111.99
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3	3		223.97		74.66	1.500		74.66		111.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		ES MONTH-	OF-PAYMENT RE	EPORT	' FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 8,004
MOP024	FEE-FOR-SERVICE/DEN										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR MN - NO	SOC - BL	IND		AID CODE	24				
							M	TINC	HLY AVERA	GΕ	
02 ELIGIBLES		TS OF SERVICE	E	XPENDITURES		RAGE COST		S C	COST PER		COST PER
	OF	R DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE

39.98 \$ 8.00 2.500 \$ 39.98 \$ 19.99

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@ALL OTHER PROVIDERS

BLOOD BANK

DURABLE MED. EQUIP.

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	5	39.98	8.00	2.500	39.98	19.99
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,005
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

					MON	ITHLY AVERA	.GE
53 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,933	32 , 947 \$	902,843.73	\$ 27.40	621.642 \$	467.07	\$ 17034.79
@PHYSICIANS SERVICES	55	393 \$	16,789.45	\$ 42.72	7.415 \$	305.26	\$ 316.78
OUTPATIENT VISITS	21	27	1,347.09	49.89	.509	64.15	25.42
OFFICE VISITS	8	11	527.76	47.98	.208	65.97	9.96
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	9	10	546.83	54.68	.189	60.76	10.32
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	5	6	272.50	45.42	.113	54.50	5.14
INPATIENT VISITS	12	44	2,152.52	48.92	.830	179.38	40.61
HOSPITAL VISITS	10	41	1,660.24	40.49	.774	166.02	31.33
CRITICAL CARE	3	3	492.28	164.09	.057	164.09	9.29
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	51.90	51.90	.019	51.90	.98
EXAMINATIONS	1	1	51.90	51.90	.019	51.90	.98
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	83	7,875.91	94.89	1.566	715.99	148.60
PRINCIPAL SURGEON	7	12	5,815.76	484.65	.226	830.82	109.73
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	7	71	2,060.15	29.02	1.340	294.31	38.87

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	4	8		993.69		124.21	.151		248.42		18.75
PRINCIPAL SURGEON	3	4		791.71		197.93	.075		263.90		14.94
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	4		201.98		50.50	.075		201.98		3.81
DIALYSIS	5	40		1,898.10		47.45	.755		379.62		35.81
PATHOLOGY	4	31		60.79		1.96	.585		15.20		1.15
RADIOLOGY	13	22		554.14		25.19	.415		42.63		10.46
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	105		.00		.00	1.981		.00		.00
OTHER SERVICES/ALL X-OVERS	15	32		1,855.31		57.98	.604		123.69		35.01
@PHARMACY	1,009	•	\$	510,305.50	\$	56.69	169.830	\$	505.75	\$	
PRESCRIPTION DRUGS	981	2,299		501,045.80		217.94	43.377		510.75		9453.69
SNF/ICF	40	187		22,469.53		120.16	3.528		561.74		423.95
OUTPATIENTS	942	2,112		478,576.27		226.60	39.849		508.04		9029.74
MEDICAL SUPPLIES	65	6 , 702		9,259.70		1.38	126.453		142.46		174.71
@DENTIST	509	•	\$	108,696.42	\$	42.98	47.717	\$	213.55	\$	
VISITS - DIAGNOSTIC	358	1,493		20,269.17		13.58	28.170		56.62		382.44
ORAL SURGERY	94	316		16,290.00		51.55	5.962		173.30		307.36
DRUGS	2	2		50.00		25.00	.038		25.00		.94
ANESTHESIA	13	13		1,200.00		92.31	.245		92.31		22.64
PERIODONTICS	38	39		7,165.00		183.72	.736		188.55		135.19
ENDODONTICS	32	55		11,182.00		203.31	1.038		349.44		210.98
RESTORATIVE DENTISTRY	155	459		36,582.25		79.70	8.660		236.01		690.23
PROSTHETICS	5	6		150.00		25.00	.113		30.00		2.83
DENTURES, STAYPLATES	32	135		15,808.00		117.10	2.547		494.00		298.26
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	3	3		.00		.00	.057		.00		.00
FRACTURES, DISLOCATIONS	•			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	MEDI CAI CEDITCI	8 8	C M	.00.	EDOD	.00	.151	T C	.00	Б	.00
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURE	S MC	JNTH-OF-PAIMENT R	EPOR	I FOR JAN 2	:UUZ THRU L)EC	2002	Р	AGE 8,006 01/17/03
MONTEREY COUNTY		ICES FOR MN - NO	900	- DISABLED 64	66 61	H 6U 6V 6X	8C				01/1//03
HOWIERE COONTI	BOTHER OF BERN	ICED TOTC THE TOO	DOC	DIONDED 01	00 0	.1 00 0 0 021	MC	NT	HLY AVERA	GE	
53 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST			COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0		\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	10	2,577	\$	76,147.59	\$	29.55	48.623	\$	7614.76	\$	1436.75
NURSE ANESTHESIST	0		\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		\$.00	Ş	.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		\$.00	Ş	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	56		\$	74,928.87	Ş	316.16	4.472	\$	1338.02	\$	1413.75
HOSP INPATIENT TOTAL	12	98 31		70,020.40		714.49	1.849		5835.03		1321.14

31

6

47,445.00

1530.48 .585

895.19

7907.50

HSC HOSPITALS

NON-HSC HOSPITAL TOTAL	1	22	18,633.33	846.97	.415	18633.33	351.57
ACCOMMODATIONS	1	22	18,633.33	846.97	.415	18633.33	351.57
ADMINISTRATIVE DAYS	0	0	528.67CR	.00	.000	.00	9.97CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	22	19,162.00	871.00	.415	19162.00	361.55
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	45	3,942.07	87.60	.849	788.41	74.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	45	139	4,908.47	35.31	2.623	109.08	92.61
MEDICAL	11	18	782.87	43.49	.340	71.17	14.77
SURGERY	4	4	277.39	69.35	.075	69.35	5.23
PATHOLOGY	18	43	448.01	10.42	.811	24.89	8.45
RADIOLOGY	14	14	1,234.05	88.15	.264	88.15	23.28
ROOM USE	23	34	1,415.93	41.65	.642	61.56	26.72
CROSSOVERS/ALL OTH OUTPINT	13	26	750.22	28.85	.491	57.71	14.16
@COUNTY HOSPITAL TOTAL	22	111 \$	13,145.75	\$ 118.43	2.094		\$ 248.03
CO HOSPITAL INPATIENT TOTAL	7	51	11,037.58	216.42	.962	1576.80	208.26
HSC HOSPITALS	2	6	7,200.00	1200.00	.113	3600.00	135.85
NON-HSC HOSPITALS TOTAL	0	0	104.49CR	.00	.000	.00	1.97CR
ACCOMMODATIONS	0	0	104.49CR	.00	.000	.00	1.97CR
ADMINISTRATIVE DAYS	0	0	104.49CR	.00	.000	.00	1.97CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	5	45	3,942.07	87.60	.849	788.41	74.38
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	15	60	2,108.17	35.14	1.132	140.54	39.78
MEDICAL	7	8	503.23	62.90	.151	71.89	9.49
SURGERY	1	1	37.66	37.66	.019	37.66	.71
PATHOLOGY	7	19	199.43	10.50	.358	28.49	3.76
RADIOLOGY	4	4	213.41	53.35	.075	53.35	4.03
ROOM USE	8	12	558.49	46.54	.226	69.81	10.54
CROSSOVERS/ALL OTH OUTPINT	7	16	595.95	37.25	.302	85.14	11.24
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU D	EC 2002	PAGE 8,007
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR MN - NO SO	OC - DISABLED 64 6	G 6H 6U 6V 6X	8G		
					MO	NTHLY AVERAG	GE
53 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	126 \$	61,783.12	\$ 490.34	2.377	\$ 1817.15	\$ 1165.72
COMM HOSP INPATIENT TOTAL	5	47	58,982.82	1254.95	.887	11796.56	1112.88

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53 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	34	126 \$	61,783.12	\$ 490.34	2.377 \$	1817.15	\$ 1165.72
COMM HOSP INPATIENT TOTAL	5	47	58,982.82	1254.95	.887	11796.56	1112.88
HSC HOSPITALS	4	25	40,245.00	1609.80	.472	10061.25	759.34
NON-HSC HOSPITALS TOTAL	1	22	18,737.82	851.72	.415	18737.82	353.54
ACCOMMODATIONS	1	22	18,737.82	851.72	.415	18737.82	353.54
ADMINISTRATIVE DAYS	0	0	424.18CR	.00	.000	.00	8.00CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	22	19,162.00	871.00	.415	19162.00	361.55
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	30	79	2,800.30	35.45	1.491	93.34	52.84
MEDICAL	4	10	279.64	27.96	.189	69.91	5.28
SURGERY	3	3	239.73	79.91	.057	79.91	4.52
PATHOLOGY	11	24	248.58	10.36	.453	22.60	4.69
RADIOLOGY	10	10	1,020.64	102.06	.189	102.06	19.26
ROOM USE	15	22	857.44	38.97	.415	57.16	16.18

ODOGGOUEDG /ALL OHU OUHDHNIH	6	1.0		154 27	,	1 - 40	100		05 71		0 01
CROSSOVERS/ALL OTH OUTPINT	0	10	\$	154.27		15.43	.189	ċ	25.71 .00	ċ	2.91
@STATE HOSPITAL			Ş	.00		.00		Þ		\$	
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	Ş		\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	1	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	8	510	\$	23,372.17	\$	45.83	9.623	\$	2921.52	\$	440.98
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	8	510		23,372.17	'	45.83	9.623		2921.52		440.98
@REHABILITATION FACILITY	3	6	\$	4,342.35	\$	723.73	.113	\$	1447.45	\$	81.93
HOSPITAL BASED	3	6		4,342.35	,	723.73	.113		1447.45		81.93
INDEPENDENT FACILITY	0	0		.00	1	.00	.000		.00		.00
@LABORATORY FACILITY	9	84	\$	975.93	\$	11.62	1.585	\$	108.44	\$	18.41
PATHOLOGY	9	84		975.93	}	11.62	1.585		108.44		18.41
XO AND OTHERS	0	0		.00	1	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	309	437	\$	33,588.02	\$	76.86	8.245	\$	108.70	\$	633.74
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	1	13		157.94		12.15	.245		157.94		2.98
RURAL HEALTH CLINIC	308	424		33,430.08	}	78.84	8.000		108.54		630.76
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITU	JRES N	MONTH-OF-PAYMENT	REPOR	T FOR JAN	2002 THRU	DEC	2002	P	AGE 8,008
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	/ICES FOR MN - N	10 SOC	C - DISABLED 64	6G 6	H 6U 6V 6X	8G				
							M	TNO	HLY AVERA	GE ·	
53 ELIGIBLES	USERS	UNITS OF SERVI	Œ	EXPENDITURES	. AV	ERAGE COST	UNITS/DAY	'S	COST PER	(COST PER
		OR DAYS OF CAR			PE	R UNIT/DAY	PER ELIG	3	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	234	17,173	\$	53,697.43			324.019		229.48		1013.16
DURABLE MED. EQUIP.	57	213	•	32,513.20		152.64	4.019		570.41		613.46
·		==0		,0							

					1.10	MILLET TARICA	.ULI
53 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	234	17,173	\$ 53,697.43	\$ 3.13	324.019	\$ 229.48	\$ 1013.16
DURABLE MED. EQUIP.	57	213	32,513.20	152.64	4.019	570.41	613.46
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	1	3	16.28	5.43	.057	16.28	.31
MEDICAL TRANSPORTATION	5	120	4,043.42	33.70	2.264	808.68	76.29
AMBULANCES/AIR TRANS	5	119	2,243.42	18.85	2.245	448.68	42.33
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.019	1800.00	33.96
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	10	41	4,054.98	98.90	.774	405.50	76.51
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	140	312	3,820.39	12.24	5.887	27.29	72.08
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	46	4,852.81	105.50	.868	808.80	91.56
PROSTHETICS	6	46	4,852.81	105.50	.868	808.80	91.56
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	228		815.47	3.58	4.302	135.91	15.39
EPSDT SUPPLEMENTAL SERVICE	3	59		1,705.78	28.91	1.113	568.59	32.18
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	16,151		1,875.10	.12	304.736	133.94	35.38
@CALIF. CHILDREN SERVICES*	179	25 , 396	\$	230,661.68	\$ 9.08	479.170	\$ 1288.61	\$ 4352.11
@XOVER EXCLUDING STATE HOSP**	7	4	\$	10,814.23	\$ 2703.56	.075	\$ 1544.89	\$ 204.04
A* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	TNFORMATION	TTEM ONLY.					

^{*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,009 #CALIF DEPT OF HEALTH SERV 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

						MON	THLY AVERA	GE
100,269 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	67 , 291	248,889	\$	19,163,925.64	\$ 77.00	2.482	284.79	\$ 191.13
@PHYSICIANS SERVICES	6,963	20,731	\$	1,692,930.54	\$ 81.66	.207	243.13	\$ 16.88
OUTPATIENT VISITS	3 , 287	5 , 894		245,730.56	41.69	.059	74.76	2.45
OFFICE VISITS	530	656		29,120.32	44.39	.007	54.94	.29
HOME VISITS	6	6		281.24	46.87	.000	46.87	.00
EMERGENCY ROOM	1,537	1,680		86,419.52	51.44	.017	56.23	.86
PREVENTIVE CARE	5	5		236.15	47.23	.000	47.23	.00
OB VISITS/COMPRE PERI	1,001	3,154		114,627.79	36.34	.031	114.51	1.14
OTHER OUTPATIENT	349	393		15,045.54	38.28	.004	43.11	.15
INPATIENT VISITS	1,462	4,706		395,074.96	83.95	.047	270.23	3.94
HOSPITAL VISITS	1,303	3,129		147,805.93	47.24	.031	113.44	1.47
CRITICAL CARE	247	1 , 576		247,241.53	156.88	.016	1000.98	2.47
SNF/ICF/TRANS IP CARE	1	1		27.50	27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	34	50		2,806.92	56.14	.000	82.56	.03

EXAMINATIONS	34	50		2,806.92		56.14	.000		82.56		.03
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1,219	3,334		620,044.88		185.98	.033		508.65		6.18
PRINCIPAL SURGEON	986	1,066		546,275.69		512.45	.011		554.03		5.45
ASSISTANT SURGEON	74	75		12,752.75		170.04	.001		172.33		.13
ANESTHESIOLOGIST	278	2,193		61,016.44		27.82			219.48		.61
OUTPATIENT SURGERY	422	836		78,660.14		94.09			186.40		.78
PRINCIPAL SURGEON	377	475		67,894.02		142.93	.005		180.09		.68
ASSISTANT SURGEON	1	1		148.92		148.92	.000		148.92		.00
ANESTHESIOLOGIST	120	360		10,617.20		29.49	.004		88.48		.11
DIALYSIS	11	56		3,592.46		64.15	.001		326.59		.04
PATHOLOGY	671	1,163		20,668.23		17.77			30.80		.21
RADIOLOGY	1,899	2,758		93,192.22		33.79	.028		49.07		.93
PSYCHIATRY	. 1	. 3		130.26		43.42	.000		130.26		.00
IMMUNIZATION AND INJECTION	125	299		3,466.14		11.59	.003		27.73		.03
OTHER SERVICES/ALL X-OVERS	927	1,632		229,563.77		140.66	.016		247.64		2.29
@PHARMACY	5,431	12,653	\$	596,563.29		47.15		\$	109.84	\$	5.95
PRESCRIPTION DRUGS	5,277	9,827		532,863.71		54.22	.098		100.98		5.31
SNF/ICF	. 8	14		946.23		67.59	.000		118.28		.01
OUTPATIENTS	5,270	9,813		531,917.48		54.21	.098		100.93		5.30
MEDICAL SUPPLIES	401	2,826		63,699.58		22.54	.028		158.85		.64
@DENTIST	17,413	98,026	\$	3,088,502.69	\$	31.51	.978	\$	177.37	\$	30.80
VISITS - DIAGNOSTIC	12,592	60,495		769,013.09		12.71	.603		61.07		7.67
ORAL SURGERY	2,319	4,594		270,284.45		58.83	.046		116.55		2.70
DRUGS	2,735	3,102		69,738.58		22.48	.031		25.50		.70
ANESTHESIA	197	210		18,750.00		89.29	.002		95.18		.19
PERIODONTICS	618	645		103,620.05		160.65	.006		167.67		1.03
ENDODONTICS	1,754	3,522		359,956.26		102.20	.035		205.22		3.59
RESTORATIVE DENTISTRY	7,167	23,966		1,372,629.57		57.27	.239		191.52		13.69
PROSTHETICS	43	44		1,092.50		24.83	.000		25.41		.01
DENTURES, STAYPLATES	123	525		54,930.50		104.63	.005		446.59		.55
SPACE MAINTAINERS	158	187		20,344.37		108.79	.002		128.76		.20
MAXILLOFACIAL SERVICES	34	35		1,740.00		49.71	.000		51.18		.02
FRACTURES, DISLOCATIONS	1	1		18.75		18.75	.000		18.75		.00
ORTHODONTIC SERVICES	432	534		45,909.57		85.97	.005		106.27		.46
ALL OTHER SERVICES	151	166		475.00		2.86	.002		3.15		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITUR	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 8,010
MOP024	FEE-FOR-SERVICE/DENT	AL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR MN-NOSC	C-FAI	M 34 39 3N 3T 3V 5	54 59	5J 5W-5	Y 6J				
							N		UIV AMEDA	CF _	

----- MONTHLY AVERAGE -----100,269 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 12 \$ 318.08 26.51 .000 \$ 79.52 \$.00 DIAGNOSTIC AND ANC. PROCED 4 189.80 47.45 .000 47.45 .00 32.07 EYE APPLIANCES 128.28 16.04 .000 .00 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 0 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 1 47.54 47.54 .000 \$ 47.54 .00 @PODIATRIST MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 1 47.54 47.54 SURGERY/ANES. 47.54 .000 .00 0 .00 .00 .00 RADIO./PATHOLOGY .00 .000 0 0 .00 OTHER .00 .00 .000 .00 437 650 \$ @HOME HEALTH AGENCY \$ 42,311.95 65.10 .006 \$ 96.82 \$.42 NURSE ANESTHESIST 0 .00 \$.00 .000 \$.00 \$.00

0	0	\$.00	\$.00		\$.00	\$.00
•	0	•	.00	\$.00	.000	\$.00	\$.00
		\$.00	\$.00
7,052	27 , 353	\$	8,668,928.95	\$	316.93	.273	\$		\$	86.46
1,379	5,642		8,074,432.61		1431.13	.056		5855.28		80.53
1,097	4,514		5,706,076.45		1264.08	.045		5201.53		56.91
289	1,128		2,368,356.16		2099.61	.011		8195.00		23.62
286	1,128		826,887.01		733.06	.011		2891.21		8.25
2	9		1,405.33		156.15	.000		702.67		.01
0	0		.00		.00	.000		.00		.00
284	1,119		825,481.68		737.70	.011		2906.63		8.23
289	0		1,541,469.15		.00	.000		5333.80		15.37
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
6,088	21,711		594,496.34		27.38	.217		97.65		5.93
510	741		41,537.49		56.06	.007		81.45		.41
229	288		14,956.69		51.93	.003		65.31		.15
3,282	11,045		132,763.60		12.02	.110		40.45		1.32
1,200	1,495		122,758.05		82.11	.015		102.30		1.22
3,115	4,426		162,403.61		36.69	.044		52.14		1.62
2,125	3 , 716		120,076.90		32.31	.037		56.51		1.20
4,142	14,807	\$	3,550,205.78	\$.148	\$		\$	35.41
863	2,711		3,261,941.66		1203.22	.027				32.53
863	2,704		3,259,984.90		1205.62	.027		3777.50		32.51
1	7		1,956.76		279.54	.000		1956.76		.02
1	7		1,595.88		227.98	.000		1595.88		.02
1	7		1,595.88		227.98	.000		1595.88		.02
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
1	0				.00	.000		360.88		.00
0	0									.00
0	0									.00
3,522	12 , 096									2.87
160	209									.09
										.05
1,724										.67
			49,900.87							.50
			109,480.36							1.09
										.48
		RES N	MONTH-OF-PAYMENT R	EPOR	RT FOR JAN	2002 THRU	DEC	2002	P7	AGE 8,011
										01/17/03
SUMMARY OF SERVICES	FOR MN-NOS	OC-FA	AM 34 39 3N 3T 3V	54 5	9 5J 5W-5Y	6J				
	0 7,052 1,379 1,097 289 286 2 0 284 289 0 6,088 510 229 3,282 1,200 3,115 2,125 4,142 863 863 863 1 1 1 0 0 0 3,522 160 100 1,724 621 2,119 1,296 MEDI-CAL SERVICES AFEE-FOR-SERVICE/DEN	0 0 0 0 7,052 27,353 1,379 5,642 1,097 4,514 289 1,128 286 1,128 2 9 0 0 0 284 1,119 289 0 0 0 284 1,119 289 0 0 0 6,088 21,711 510 741 229 288 3,282 11,045 1,200 1,495 3,115 4,426 2,125 3,716 4,142 14,807 863 2,711 863 2,704 1 7 1 7 0 0 0 0 0 0 0 3,522 12,096 160 209 100 133 1,724 5,838 621 745 2,119 3,139 1,296 2,032 MEDI-CAL SERVICES AND EXPENDITU	0 0 \$ 0 7,052 27,353 \$ 1,379 5,642 1,097 4,514 289 1,128 286 1,128 2 9 0 0 0 284 1,119 289 0 0 0 284 1,119 289 0 0 0 6,088 21,711 510 741 229 288 3,282 11,045 1,200 1,495 3,115 4,426 2,125 3,716 4,142 14,807 \$ 863 2,711 863 2,704 1 7 1 7 0 0 0 0 0 0 0 1 7 1 7 1 7 0 0 0 0 0 3,522 12,096 160 209 100 133 1,724 5,838 621 745 2,119 3,139 1,296 2,032 MEDI-CAL SERVICES AND EXPENDITURES 1	0 0 \$.00 7,052 27,353 \$ 8,668,928.95 1,379 5,642 8,074,432.61 1,097 4,514 5,706,076.45 289 1,128 2,368,356.16 286 1,128 826,887.01 2 9 1,405.33 0 0 0 .00 284 1,119 825,481.68 289 0 1,541,469.15 0 0 0 .00 6,088 21,711 594,496.34 510 741 41,537.49 229 288 14,956.69 3,282 11,045 132,763.60 1,200 1,495 122,758.05 3,115 4,426 162,403.61 2,125 3,716 120,076.90 4,142 14,807 \$ 3,550,205.78 863 2,711 3,261,941.66 863 2,704 3,259,984.90 1 7,956.76 1 7 1,595.88 1 7 7 1,595.88 1 7 7 1,595.88 0 0 0 .00 3,522 12,096 288,264.12 160 209 9,103.58 100 133 4,812.63 1,724 5,838 67,196.82 621 745 49,900.87 EEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT R	0 0 \$.00 \$.00 \$.00 \$.7,052 27,353 \$ 8,668,928.95 \$ 1,379 5,642 8,074,432.61 1,097 4,514 5,706,076.45 289 1,128 2,368,356.16 286 1,128 826,887.01 2 9 1,405.33 0 .00 284 1,119 825,481.68 289 0 1,541,469.15 0 .00 .00 .00 6,088 21,711 594,496.34 510 741 41,537.49 229 288 14,956.69 3,282 11,045 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,200 1,495 132,763.60 1,20,76.90 4,142 14,807 \$ 3,550,205.78 \$ 863 2,711 3,261,941.66 863 2,704 3,259,984.90 1 7 1,595.88 1 7 7 1,595.88 1 7 7 1,595.88 1 7 7 1,595.88 1 7 7 1,595.88 1 7 7 1,595.88 1 7 7 1,595.88 1 1 1 7 1,595.88 1 1 1 7 1,595.88 1 1 1 7 1,595.88 1 1 1 1 7 1,595.88 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 0 \$.00 \$	0 0 \$.00 \$.00 \$.00 .000 .000 .000 .0	0 0 \$.00 \$	0 0 \$.00 \$	0 0 \$.00 \$

----- MONTHLY AVERAGE -----100,269 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 3,051 12,546 \$ 408.00 .125 \$ 1677.72 \$ @COMMUNITY HOSPITAL TOTAL 5,118,723.17 51.05 524 2,931 .029 9184.14 COMM HOSP INPATIENT TOTAL 4,812,490.95 1641.93 48.00 HSC HOSPITALS 240 1,810 2,446,091.55 1351.43 .018 10192.05 24.40 NON-HSC HOSPITALS TOTAL 288 1,121 2,366,399.40 2110.97 .011 8216.66 23.60 285 1,121 736.21 8.23 ACCOMMODATIONS 825,291.13 .011 2895.76 1 190.55CR 95.28CR .000 190.55CR .00 ADMINISTRATIVE DAYS 0 .00 0 .00 .00 .00 TRANSITIONAL IP CARE .000 1,119 284 825,481.68 737.70 .011 2906.63 8.23 ALL OTHER ACCOM 5351.07 15.37 ANCILLARIES 288 0 1,541,108.27 .00 .000 INPATIENT CROSSOVERS 0 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	2,659	9,615		306,232.22		31.85	.096		115.17		3.05
MEDICAL	351	532		32,433.91		60.97	.005		92.40		.32
SURGERY	129	155		10,144.06		65.45	.002		78.64		.10
PATHOLOGY	1,583	5,207		65,566.78		12.59	.052		41.42		.65
RADIOLOGY	581	750		72,857.18		97.14	.007		125.40		.73
ROOM USE	1,015	1,287		52,923.25		41.12	.013		52.14		.53
CROSSOVERS/ALL OTH OUTPINT		1,684		72,307.04		42.94	.017		85.77		.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	26	\$	2,995.46	\$	115.21	.000	\$	2995.46	\$.03
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	26		2,995.46		115.21	.000		2995.46		.03
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	27		\$		\$			\$	4637.69	\$	1.25
HOSPITAL BASED	5	203		78,231.34	·	385.38	.002		15646.27	•	.78
HEMODIALYSIS CENTER	22	1,473		46,986.20		31.90	.015		2135.74		.47
@REHABILITATION FACILITY	38	•	\$	6,057.54	\$	17.66	.003	Ś	159.41	Ś	.06
HOSPITAL BASED	24	44	т	2,091.93	-	47.54	.000	-	87.16	т.	.02
INDEPENDENT FACILITY	14	299		3,965.61		13.26	.003		283.26		.04
	1,817		\$	96,012.78	\$.039	Ś		Ś	.96
PATHOLOGY	1,817	3,889		96,012.78		24.69	.039		52.84		.96
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	33,136		\$	4,399,215.36	Ś		.546	Ś		Ś	43.87
CLINIC	465	1,736		44,730.57		25.77	.017		96.19		.45
SURGICENTER	0	_, 0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	2	35		394.18		11.26	.000		197.09		.00
RURAL HEALTH CLINIC	32 , 682	52 , 975		4,354,090.61		82.19	.528		133.23		43.42
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURE	S MO		EPORT			DEC		F	PAGE 8,012
MOP024	FEE-FOR-SERVICE/					. 101. 0111.	1002 111110		2002	-	01/17/03
MONTEREY COUNTY		CES FOR MN-NOSOC	-FAN	и 34 39 3N 3T 3V 5	54 59	5J 5W-5Y	6.T				01/1//00
1101112121 0001111	00111111111 01 011111	1020 1011 1111 110200			01 0.	00 0 01	M	ONT	HLY AVERA	GE	
100,269 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	6,588		\$	444,823.92	\$	15.45	.287	Ś	67.52		4.44
DURABLE MED. EQUIP.	79	450		43,102.06		95.78	.004		545.60		.43
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	33	110		12,793.67		116.31	.001		387.69		.13
MEDICAL TRANSPORTATION	157	4,603		79,874.74		17.35	.046		508.76		.80
AMBULANCES/AIR TRANS	154	4,585		51,149.74		11.16	.046		332.14		.51
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	18	18		28,725.00		1595.83	.000		1595.83		.29
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	1,217	1,222		99,373.50		81.32	.012		81.65		.99
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	2 005	1 238		42 882 26		10 12	042		21 30		.00

4,238

614

2,005

234

42,882.26

37,206.20

10.12

60.60

21.39

159.00

.43

.37

.042

.006

OPTICIAN

PHYSICAL THERAPIST

PORTABLE X-RAY	1	1	17.30	17.30	.000	17.30	.00
PROSTHETIST/ORTHOTISTS	87	318	27,501.54	86.48	.003	316.11	.27
PROSTHETICS	47	263	22,042.65	83.81	.003	468.99	.22
ORTHOTICS	51	55	5,458.89	99.25	.001	107.04	.05
PSYCHOLOGIST	6	14	797.79	56.99	.000	132.97	.01
SPEECH AND AUDIOLOGY	10	25	1,181.82	47.27	.000	118.18	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,817	10,820	98,833.84	9.13	.108	35.08	.99
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	6,368	1,259.20	.20	.064	139.91	.01
@CALIF. CHILDREN SERVICES*	1,938	21,406	\$ 4,008,376.29	\$ 187.25	.213	\$ 2068.31	\$ 39.98
@XOVER EXCLUDING STATE HOSP**	5	35	\$ 970.94	\$ 27.74	.000	\$ 194.19	\$.01

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

6,484

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,013 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

----- MONTHLY AVERAGE -----100,405 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE 70,866 286,942 2.858 \$ @TOTAL, ALL PROVIDERS 20,358,236.16 Ś 70.95 287.28 \$ 202.76 7,027 21,195 80.77 .211 \$ 243.63 \$ @PHYSICIANS SERVICES 1,712,002.58 3,314 5,932 247,676.64 41.75 .059 74.74 2.47 OUTPATIENT VISITS OFFICE VISITS 540 671 29,829.78 44.46 .007 55.24 .30 6 281.24 46.87 .000 46.87 .00 HOME VISITS 6 1,696 51.51 56.36 EMERGENCY ROOM 1,550 87,364.44 .017 .87 5 236.15 47.23 .000 47.23 .00 PREVENTIVE CARE OB VISITS/COMPRE PERI 1,001 3,154 114,627.79 36.34 .031 114.51 1.14 OTHER OUTPATIENT .004 400 15,337.24 38.34 43.20 .15 4,788 .048 INPATIENT VISITS 1,477 398,602.23 83.25 269.87 3,208 HOSPITAL VISITS 1,316 150,840.92 47.02 .032 114.62 1.50 250 1,579 .016 990.94 CRITICAL CARE 247,733.81 156.89 2.47 1 27.50 27.50 SNF/ICF/TRANS IP CARE 27.50 .000 .00 OPHTHALMOLOGICAL SERVICES 51 2,858.82 56.06 .001 81.68 .03 51 EXAMINATIONS 2,858.82 56.06 .001 81.68 .03 SERVICES AND MATERIALS 0 0 .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY 1,230 3,417 627,920.79 183.76 .034 510.50 6.25 1,078 552,091.45 512.14 .011 555.98 5.50 PRINCIPAL SURGEON ASSISTANT SURGEON 74 75 12,752.75 170.04 .001 172.33 .13 ANESTHESIOLOGIST 285 2,264 63,076.59 27.86 .023 221.32 .63 844 79,653.83 .008 186.98 OUTPATIENT SURGERY 380 479 68,685.73 .005 180.75 PRINCIPAL SURGEON 143.39 .68 ASSISTANT SURGEON 1 1 148.92 148.92 .000 148.92 .00 ANESTHESIOLOGIST 121 364 10,819.18 29.72 .004 89.41 .11 16 96 57.19 343.16 .05 DIALYSIS 5,490.56 .001 1,204 PATHOLOGY 678 20,799.58 17.28 .012 30.68 .21 1,914 2,790 93,927.92 RADIOLOGY 33.67 .028 49.07 3 1 PSYCHIATRY 130.26 43.42 .000 130.26 .00 8.58 .004 27.51 IMMUNIZATION AND INJECTION 404 3,466.14 .03 OTHER SERVICES/ALL X-OVERS 944 1,666 231,475.81 138.94 .017 245.21 2.31 @PHARMACY 6,667 22,120 1,140,451.73 51.56 .220 \$ 171.06 \$ 11.36 PRESCRIPTION DRUGS

1,067,351.84

85.45

.124

164.61

10.63

12,491

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	72	241		27,446.42		113.89	.002		381.20		.27
OUTPATIENTS	6 , 415	12,250		1,039,905.42		84.89	.122		162.11		10.36
MEDICAL SUPPLIES	468	9,629		73,099.89		7.59	.096		156.20		.73
@DENTIST	18,474	103,039	\$	3,326,797.22	\$	32.29	1.026	\$	180.08	\$	33.13
VISITS - DIAGNOSTIC	13,305	63,438		808,595.01		12.75	.632		60.77		8.05
ORAL SURGERY	2,505	5 , 185		299,077.11		57.68	.052		119.39		2.98
DRUGS	2,737	3,104		69,788.58		22.48	.031		25.50		.70
ANESTHESIA	215	228		20,250.00		88.82	.002		94.19		.20
PERIODONTICS	688	717		116,210.05		162.08	.007		168.91		1.16
ENDODONTICS	1,818	3,638		384,870.26		105.79	.036		211.70		3.83
RESTORATIVE DENTISTRY	7,457	24,826		1,450,814.32		58.44	.247		194.56		14.45
PROSTHETICS	54	57		1,402.50		24.61	.001		25.97		.01
DENTURES, STAYPLATES	242	904		107,301.70		118.70	.009		443.40		1.07
SPACE MAINTAINERS	158	187		20,344.37		108.79	.002		128.76		.20
MAXILLOFACIAL SERVICES	37	38		1,740.00		45.79	.000		47.03		.02
FRACTURES, DISLOCATIONS	1	1		18.75		18.75	.000		18.75		.00
ORTHODONTIC SERVICES	432	534		45,909.57		85.97	.005		106.27		.46
ALL OTHER SERVICES	165	182		475.00		2.61	.002		2.88		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES I	MONTH-OF-PAYMENT RE	EPOR	r for Jan :	2002 THRU 1	DEC	2002	PI	AGE 8,014
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	VICES FOR 28 MEDI	CAL	LY NEEDY - NO SOC							
							Mo	TNC	HLY AVERA	GE -	
100,405 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY:	S	COST PER	(COST PER
		OR DAYS OF CARE	3		PEI	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@OPTOMETRIST	5	13	\$	340.67	\$	26.21	.000	\$	68.13	\$.00
DIAGNOSTIC AND ANC. PROCED	5	5		212.39		42.48	.000		42.48		.00
EYE APPLIANCES	4	8		128.28		16.04	.000		32.07		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	47.54	\$	47.54	.000	\$	47.54	\$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	1	1	47.54	47.54	.000	47.54	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	447	3,227 \$	118,459.54	\$ 36.71	.032 \$		
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	· ·	0 \$.00	\$.00	.000 \$		•
	0	0 \$.00	\$.00	·		
FAMILY NURSE PRACTITIONER	7 , 116	· ·				.00	
@TOTAL HOSPITAL		,	8,756,420.13	\$ 316.87		1230.53	
HOSP INPATIENT TOTAL	1,393	5,764	8,156,598.84	1415.09	.057	5855.42	81.24
HSC HOSPITALS	1,104	4,557	5,764,921.45	1265.07	.045	5221.85	57.42
NON-HSC HOSPITAL TOTAL	290	1,150	2,386,943.32	2075.60	.011	8230.84	23.77
ACCOMMODATIONS	287	1,150	845,474.17	735.19	.011	2945.90	8.42
ADMINISTRATIVE DAYS	2	9	830.49	92.28	.000	415.25	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	285	1,141	844,643.68	740.27	.011	2963.66	8.41
ANCILLARIES	290	0	1,541,469.15	.00	.000	5315.41	15.35
INPATIENT CROSSOVERS	6	57	4,734.07	83.05	.001	789.01	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6,139	21,870	599,821.29	27.43	.218	97.71	5.97
MEDICAL	522	760	42,365.02	55.74	.008	81.16	.42
SURGERY	233	292	15,234.08	52.17	.003	65.38	.15
PATHOLOGY	3,303	11,101	133,377.95	12.01	.111	40.38	1.33
RADIOLOGY	1,216	1,512	124,075.25	82.06	.015	102.04	1.24
ROOM USE	3,141	4,463	163,938.87	36.73	.044	52.19	1.63
CROSSOVERS/ALL OTH OUTPTNT	2,138	3,742	120,830.12	32.29	.037	56.52	1.20
@COUNTY HOSPITAL TOTAL	4,169	14,932 \$	3,564,337.65	\$ 238.70	.149 \$		
CO HOSPITAL INPATIENT TOTAL	871	2,768	3,273,771.24	1182.72	.028	3758.64	32.61
	865	•			.027	3777.09	32.54
HSC HOSPITALS	865	2,710	3,267,184.90	1205.60			
NON-HSC HOSPITALS TOTAL	1	7	1,852.27	264.61	.000	1852.27	.02
ACCOMMODATIONS	1	7	1,491.39	213.06	.000	1491.39	.01
ADMINISTRATIVE DAYS	1	/	1,491.39	213.06	.000	1491.39	.01
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	360.88	.00	.000	360.88	.00
INPATIENT CROSSOVERS	6	51	4,734.07	92.82	.001	789.01	.05
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	3,541	12,164	290,566.41	23.89	.121	82.06	2.89
MEDICAL	168	218	9,638.09	44.21	.002	57.37	.10
SURGERY	101	134	4,850.29	36.20	.001	48.02	.05
PATHOLOGY	1,732	5 , 860	67,438.30	11.51	.058	38.94	.67
RADIOLOGY	626	751	50,168.85	66.80	.007	80.14	.50
ROOM USE	2,129	3,153	110,105.07	34.92	.031	51.72	1.10
CROSSOVERS/ALL OTH OUTPINT	1,303	2,048	48,365.81	23.62	.020	37.12	.48
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 8,015
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 28 MEDICALLY	NEEDY - NO SOC				
					MON	THLY AVERA	GE
100,405 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
100,100 221012220	002110	OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,088	12,702 \$	5,192,082.48	\$ 408.76		1681.37	
COMM HOSP INPATIENT TOTAL	530	2,996	4,882,827.60	1629.78	.030	9212.88	48.63
HSC HOSPITALS	245	1,847	2,497,736.55	1352.32	.018	10194.84	24.88
NON-HSC HOSPITALS TOTAL	289	1,143	2,385,091.05	2086.69	.011	8252.91	23.75
ACCOMMODATIONS	286	1,143	843,982.78	738.39	.011	2950.99	8.41
ACCOLLIONALTONS	200	1,140	040,302.10	130.33	• 0 1 1	2900.99	0.41

ADMINISTRATIVE DAYS	1	2		660.90CF	R	330.45CR			660.90C	R	.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	285	1,141		844,643.68		740.27	.011		2963.66		8.41
ANCILLARIES	289	0		1,541,108.27		.00	.000		5332.55		15.35
INPATIENT CROSSOVERS	0	6		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2 , 691	9 , 706		309,254.88		31.86	.097		114.92		3.08
MEDICAL	355	542		32 , 726.93		60.38	.005		92.19		.33
SURGERY	132	158		10,383.79		65.72	.002		78.67		.10
PATHOLOGY	1,596	5 , 241		65,939.65		12.58	.052		41.32		.66
RADIOLOGY	592	761		73,906.40		97.12	.008		124.84		.74
ROOM USE	1,031	1,310		53,833.80		41.09	.013		52.22		.54
CROSSOVERS/ALL OTH OUTPINT	849	1,694		72,464.31		42.78	.017		85.35		.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	57	\$	6,528.84	\$	114.54	.001	Ś	3264.42	Ś	.07
LEV A-INTERMEDIATE	0	0	'	.00	'	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	Õ		.00		.00	.000		.00		.00
LEV B-REGULAR	2	57		6,528.84		114.54	.001		3264.42		.07
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
ICF DDH	0	0	۲	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	35		\$		\$			ċ	4255.19	ċ	1.48
-	5	2 , 185 203	Ą		Ą	385.38	.022		15646.27	Ş	.78
HOSPITAL BASED				78,231.34							
HEMODIALYSIS CENTER	30 41	1,982	ć	70,700.45	Ċ	35.67	.020	Ċ	2356.68	Ċ	.70
@REHABILITATION FACILITY		349	\$	10,399.89	\$	29.80	.003	\$		Ş	.10
HOSPITAL BASED	27	50		6,434.28		128.69	.000		238.31		.06
INDEPENDENT FACILITY	14	299	_	3,965.61	_	13.26	.003	_	283.26	_	.04
@LABORATORY FACILITY	1,828	3,982	\$	97,086.76	\$	24.38	.040	Ş		Ş	.97
PATHOLOGY	1,828	3,982		97,086.76		24.38	.040		53.11		.97
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	34,127	56,373	\$	4,514,308.07	\$	80.08	.561	Ş		Ş	44.96
CLINIC	472	1,915		48,159.88		25.15	.019		102.03		.48
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	3	48		552.12		11.50	.000		184.04		.01
RURAL HEALTH CLINIC	33 , 669	54,410		4,465,596.07		82.07	.542		132.63		44.48
#CALIF DEPT OF HEALTH SERV			JRES M	ONTH-OF-PAYMENT RE	EPOR'	r for Jan :	2002 THRU	DEC	2002	Ρź	AGE 8,016
MOP024	FEE-FOR-SERVICE										01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	/ICES FOR 28 MEI	DICALL	Y NEEDY - NO SOC							
							N	rnol	THLY AVERA	GE ·	
100,405 ELIGIBLES	USERS	UNITS OF SERVIC	CE	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CAR	RΕ		PEI	R UNIT/DAY	PER ELIC	j	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	7,084	46,767	\$	526,461.40	\$	11.26	.466	\$	74.32	\$	5.24
DURABLE MED. EQUIP.	136	663		75,615.26		114.05	.007		555.99		.75
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	34	113		12,809.95		113.36	.001		376.76		.13
MEDICAL TRANSPORTATION	163	4,728		84,075.74		17.78	.047		515.80		.84
AMBULANCES/AIR TRANS	160	4,709		53,550.74		11.37	.047		334.69		.53
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	19	19		30,525.00		1606.58	.000		1606.58		.30
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
	-	· ·		. 3 0							

ADULT DAY HEALTH CARE CTR	17	260	17,300.40	66.54	.003	1017.67	.17
GENETIC DISEASE TESTING	1,217	1,222	99,373.50	81.32	.012	81.65	.99
IHMC, MODEL-NF, NF, AIDS, MSSP	21	93	8,205.35	88.23	.001	390.73	.08
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2,373	5,030	52 , 759.05	10.49	.050	22.23	.53
PHYSICAL THERAPIST	234	614	37,206.20	60.60	.006	159.00	.37
PORTABLE X-RAY	1	1	17.30	17.30	.000	17.30	.00
PROSTHETIST/ORTHOTISTS	93	364	32,354.35	88.89	.004	347.90	.32
PROSTHETICS	53	309	26,895.46	87.04	.003	507.46	.27
ORTHOTICS	51	55	5,458.89	99.25	.001	107.04	.05
PSYCHOLOGIST	6	14	797.79	56.99	.000	132.97	.01
SPEECH AND AUDIOLOGY	10	25	1,181.82	47.27	.000	118.18	.01
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2,823	11,048	99,649.31	9.02	.110	35.30	.99
EPSDT SUPPLEMENTAL SERVICE	3	59	1,705.78	28.91	.001	568.59	.02
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	28	22,533	3,409.60	.15	.224	121.77	.03
@CALIF. CHILDREN SERVICES*	2,117	46,797	\$ 4,238,762.70	\$ 90.58	.466	\$ 2002.25	\$ 42.22
@XOVER EXCLUDING STATE HOSP**	18	52	\$ 13,194.55	\$ 253.74	.001	\$ 733.03	\$.13

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,017
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 248.17 \$ @TOTAL, ALL PROVIDERS 158 591 39,210.55 \$ 66.35 .000 \$.00 @PHYSICIANS SERVICES 0 0 .00 \$.00 .000 \$.00 \$.00 .000 OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .00 .00 OFFICE VISITS .00 .000 HOME VISITS 0 .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 . 00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	51	87 \$	14,290.93	164.26	.000	\$ 280.21	\$.00
PRESCRIPTION DRUGS	51	87	14,290.93	164.26	.000	280.21	.00
SNF/ICF	19	35	4,021.31	114.89	.000	211.65	.00
OUTPATIENTS	33	52	10,269.62	197.49	.000	311.20	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	81	320 \$	11,837.25	36.99	.000	\$ 146.14	\$.00
VISITS - DIAGNOSTIC	43	137	1,160.75	8.47	.000	26.99	.00
ORAL SURGERY	16	54	1,348.00	24.96	.000	84.25	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	.00	.00	.000	.00	.00
PERIODONTICS	13	12	1,055.00	87.92	.000	81.15	.00
ENDODONTICS	4	5	760.00	152.00	.000	190.00	.00
RESTORATIVE DENTISTRY	21	51	3,089.00	60.57	.000	147.10	.00
PROSTHETICS	1	2	52.50	26.25	.000	52.50	.00
DENTURES, STAYPLATES	12	55	4,372.00	79.49	.000	364.33	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	3	3	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2002 THRU D	EC 2002	PAGE 8,018

01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

						MC	NT	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
@TOTAL HOSPITAL	0	13CR	\$ 194.28CR	\$	14.94	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

TARAMETERS OR OCCUPENCE	0	0	0.0	0.0	0.00	0.0	0.0
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	O .	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	U	13CR	194.28CR		.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	13CR	194.28CR	14.94	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES M	ONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DEG	C 2002	PAGE 8,019
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	29 MN - SOC	- AGED	AID C	CODE		
					MON'	THLY AVERAGE	E

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	13CR	\$	194.28CR	\$	14.94	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	13CR		194.28CR		14.94	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	13CR		194.28CR		14.94	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	Τ	.00	т	.00	.000	т	.00	Τ.	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	1	31	\$	3,101.42	\$	100.05	.000	\$	3101.42	\$.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	Υ	.00	.000	٧	.00	7	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	31		3,101.42		100.05	.000		3101.42		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	Ą	.00	۲	.00	.000	۲	.00	۲	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	472.27	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Ą	.00	۲	.00	.000	۲	.00	۲	.00
HEMODIALYSIS CENTER	0	0		472.27		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	Y	.00	٧	.00	.000	Y	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	18	33	\$	2,483.26	\$	75.25	.000	\$	137.96	\$.00
CLINIC	0	0	Ψ	.00	Υ	.00	.000	٧	.00	7	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	18	33				75 25	000		137 96		.00
				ONTH-OF-PAYMENT RE							
MOP024	FEE-FOR-SERVICE		10 110	JIVIII OI IZIITEIVI KE	1 01(1	101(0111 2	.002 11110		2002		01/17/03
MONTEREY COUNTY			SOC	- AGED		AID CC	DE				01,11,00
			-00				M	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE						
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	15	133		7,219.70					481.31		
DURABLE MED. EQUIP.	0	0		.00		.00			.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	102	6,769.08	66.36	.000	2256.36	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	31	450.62	14.54	.000	37.55	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000		\$.00
@XOVER EXCLUDING STATE HOSP**	0	13CR \$	277.99	\$ 21.38CR	.000	\$.00	\$.00

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,021 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONTEREY COUNTY SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE

MONTENET COUNTY	DOMINANT OF DER	VICES FOR SO MIN	500	DHIND	AID C	ODE		
						MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	3	\$	355.00	\$ 118.33	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	
RADIOLOGY	0	0		.00	.000		.00
PSYCHIATRY	U	U	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	3 \$	355.00	\$ 118.33		\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	
DRUGS	0	0					.00
ANESTHESIA	•	U	.00	.00	.000	.00	.00
PERIODONTICS	0	1	200.00	200.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	2	155.00	77.50	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
	•	•	• • • •	• • • •		• • •	
ORTHODONTIC SERVICES	Ω	Ω	0.0	0.0	000	0.0	0.0
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0 0 MEDI_CAI SEBVIC	0 0 es and eydenditudes mo	.00	.00	.000	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	.00	.00	.000	.00	.00 PAGE 8,022
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MC /DENTAL	.00 NTH-OF-PAYMENT RI	.00 EPORT FOR JAN	.000 2002 THRU DI	.00	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	FEE-FOR-SERVICE	ES AND EXPENDITURES MO	.00 NTH-OF-PAYMENT RI	.00	.000 2002 THRU DI ODE	.00 EC 2002	.00 PAGE 8,022 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITURES MO /DENTAL ICES FOR 30 MN - SOC	.00 NTH-OF-PAYMENT RI - BLIND	.00 EPORT FOR JAN AID C	.000 2002 THRU DI ODE MOI	.00 EC 2002 NTHLY AVERA	.00 PAGE 8,022 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE	.00 NTH-OF-PAYMENT RI	.00 EPORT FOR JAN AID C AVERAGE COST	.000 2002 THRU DI ODE MOI UNITS/DAYS	.00 EC 2002 NTHLY AVERA COST PER	.00 PAGE 8,022 01/17/03 GE COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MO /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG	.00 EC 2002 NTHLY AVERA COST PER USER	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MO /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MO /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG	.00 EC 2002 NTHLY AVERA COST PER USER	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITURES MO /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITURES MO /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MO /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MO /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MO /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AUERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RI - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AUERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 \$ 0 0 \$ 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 \$.00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AUERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 \$.00 \$.00 .00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.000 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.000 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 \$.00 .00 .00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.000 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 \$.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 \$.00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	.000 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MC /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 \$ 0 0 0 0 0 0 0 0 0	.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .00 .	.000 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITURES MO /DENTAL ICES FOR 30 MN - SOC UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 0 \$ 0 \$.00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	.00 EPORT FOR JAN AID C AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 \$.00 .00 \$.00 .00 .00 .00 \$.00 .00 .00 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DI ODE MOI UNITS/DAYS PER ELIG .00 .	.00 EC 2002 NTHLY AVERA COST PER USER \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	.00 PAGE 8,022 01/17/03 GE COST PER ELIGIBLE \$.00 .00 .00 .00 \$.00 \$.00 \$.00 .00 \$.00

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MONT	'H-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 8,023
MOP024	FEE-FOR-SERVICE		DITND	3 TD 00	DE		01/17/03
MONTEREY COUNTY	SUMMARY OF SERV.	ICES FOR 30 MN - SOC -	BLIND	AID CO			3.0
00 81 1018180	HORDO	INTEG OF CERTICE		ALIEDACE COCE	MONT		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
ACOMMINITES HOCDIEST BOEST	0	OR DAYS OF CARE 0 \$	0.0	PER UNIT/DAY \$.00	.000 \$	USER .00	ELIGIBLE \$.00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	0		.00	.00	.000 \$.00	.00
	0	0					
HSC HOSPITALS NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0					.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
NOOFI ODE	O	O	• 0 0	• 0 0	.000	.00	• 0 0

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	•	.00	·	.00	.000	.00	•	.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	•	.00	·	.00	.000	.00	•	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	RES MONTH-C	F-PAYMENT RE	PORT	FOR JAN 200	2 THRU DEC	2002		8,024
MOP024	FEE-FOR-SERVICE/DENTAL								01	/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	30 MN -	SOC - BLI	IND		AID CODE				

					MONTHLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST UNITS/D	AYS COST PER	COST PER

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,025
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

			 			- · · ·			
						MON	THLY AVERA	GE	
01 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	410	1,213	\$ 201,529.64	\$	166.14	1213.000 \$	491.54	\$201529.64	
@PHYSICIANS SERVICES	3	9	\$ 649.55	\$	72.17	9.000 \$	216.52	\$ 649.55	
OUTPATIENT VISITS	0	0	.00		.00	.000	.00	.00	
OFFICE VISITS	0	0	.00		.00	.000	.00	.00	
HOME VISITS	0	0	.00		.00	.000	.00	.00	
EMERGENCY ROOM	0	0	.00		.00	.000	.00	.00	
PREVENTIVE CARE	0	0	.00		.00	.000	.00	.00	
OB VISITS/COMPRE PERI	0	0	.00		.00	.000	.00	.00	
OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00	
INPATIENT VISITS	0	2CR	34.44CF	₹	17.22	2.000CR	.00	34.44CR	L
HOSPITAL VISITS	0	2CR	34.44CF	₹	17.22	2.000CR	.00	34.44CR	L
CRITICAL CARE	0	0	.00		.00	.000	.00	.00	
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.00	

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		516.71		516.71	1.000		516.71		516.71
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	1	1		208.49		208.49	1.000		208.49		208.49
ANESTHESIOLOGIST	0	0		308.22		.00	.000		.00		308.22
	0	0		.00		.00					
OUTPATIENT SURGERY	0	U					.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	3		5.31		1.77	3.000		5.31		5.31
RADIOLOGY	1	7		143.54		20.51	7.000		143.54		143.54
	1	,									
PSYCHIATRY	U	U		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	Ü	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	0		18.43		.00	.000		18.43		18.43
@PHARMACY	296	680	\$	170,035.61	\$	250.05	680.000	\$	574.44	\$17	70035.61
PRESCRIPTION DRUGS	296	679		170,148.82		250.59	679.000		574.83		70148.82
SNF/ICF	4	13		1,521.74		117.06	13.000		380.44		1521.74
OUTPATIENTS	292	666		168,627.08		253.19	666.000		577.49		58627.08
										Τ (
MEDICAL SUPPLIES	0	1	_	113.21CR		113.21CR	1.000	_	.00		113.21CR
@DENTIST	101	447	\$	20,037.74	Ş	44.83	447.000	Ş		\$ 2	20037.74
VISITS - DIAGNOSTIC	64	214		2,485.10		11.61	214.000		38.83		2485.10
ORAL SURGERY	22	76		3,778.00		49.71	76.000		171.73		3778.00
DRUGS	1	1		.00		.00	1.000		.00		.00
ANESTHESIA	3	3		300.00		100.00	3.000		100.00		300.00
PERIODONTICS	1	<i>A</i>		600.00		150.00	4.000		150.00		600.00
	6	6									
ENDODONTICS				1,010.64		168.44	6.000		168.44		1010.64
RESTORATIVE DENTISTRY	27	77		6,594.00		85.64	77.000		244.22		6594.00
PROSTHETICS	3	3		60.00			3.000		20.00		60.00
DENTURES, STAYPLATES	16	42		5,210.00		124.05	42.000		325.63		5210.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	•									
ALL OTHER SERVICES	8	21		.00		.00	21.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	PORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 8,026
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 31 MN -	SOC	C - DISABLED AI	D CO	DES 65 67	6W				
							M	ONT	HLY AVERA	GE -	
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	Z17F	RAGE COST					COST PER
VI EDIGIDED	ODENS			EXIENDITORES		UNIT/DAY			USER		
0.0000000000000000000000000000000000000	0	OR DAYS OF CARE		0.0							ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$		Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0		.00		.00	.000	'	.00		.00
	0	0					.000		.00		
OTHER SERVICES			_	.00		.00					.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00		.00
MOVOE WINFOIUTOTOI	U	U	ٻ	.00	ٻ	.00	.000	ې	.00	ٻ	.00

EXAMINATIONS

SERVICES AND MATERIALS

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NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	Ś	.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ġ	.00	\$.00	.000 \$.00	\$.00
	0	· · · · · · · · · · · · · · · · · · ·	۲						•
@TOTAL HOSPITAL	2	5CR	\$	1,082.57	\$	216.51CR	5.000CR\$	541.29	
HOSP INPATIENT TOTAL	2	9		1,082.05		120.23	9.000	541.03	1082.05
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
	0	0							
NON-HSC HOSPITAL TOTAL	U	U		76.95CF		.00	.000	.00	76.95CR
ACCOMMODATIONS	0	0		76.95CF	₹	.00	.000	.00	76.95CR
ADMINISTRATIVE DAYS	0	0		76.95CF	3	.00	.000	.00	76.95CR
TRANSITIONAL IP CARE	Ô	0		.00		.00	.000	.00	.00
	0	0							
ALL OTHER ACCOM	U	Ü		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	2	9		1,159.00		128.78	9.000	579.50	1159.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·							
HOSP OUTPATIENT TOTAL	Ü	14CR		.52		.04CR	14.000CR	.00	.52
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
	0								
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	14CR		.52		.04CR	14.000CR	.00	.52
@COUNTY HOSPITAL TOTAL	1	6	\$	792.00	Ś	132.00	6.000 \$	792.00	
-			Y		Y		·		•
CO HOSPITAL INPATIENT TOTAL	1	6		792.00		132.00	6.000	792.00	792.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	Ô	0		.00		.00	.000	.00	.00
	9	0						.00	
ADMINISTRATIVE DAYS	U	U		.00		.00	.000		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	Ω	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	1	6		792.00		132.00	6.000	792.00	792.00
	Ι.	0							
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
	0	0							
PATHOLOGY	U	Ü		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	ŭ	S AND EXPENDITURE	TO MONT		יחסחי				
			72 MON	TH-OF-PAIMENT RE	LPOR.	r for Jan 2	UUZ THRU DEC	, 2002	PAGE 8,027
MOP024	FEE-FOR-SERVICE,	DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	CES FOR 31 MN -	SOC -	DISABLED AI	ID C	DDES 65 67	6W		
							MONT	HLY AVERA	GE
01 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ \ 7.7		UNITS/DAYS		COST PER
AT THIGIDIDS	USEKS			EVE BIADT I AVE 2					
		OR DAYS OF CARE				R UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	11CR	\$	290.57	\$	26.42CR	11.000CR\$	290.57	\$ 290.57
COMM HOSP INPATIENT TOTAL	1	3		290.05		96.68	3.000	290.05	290.05
	_	9					0.000		

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HSC HOSPITALS

ACCOMMODATIONS

ALL OTHER ACCOM ANCILLARIES

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

COMM HOCD OHEDARTENE HORAT	0	14CR		.52		.04CR	14.000CR	.00	.52	
COMM HOSP OUTPATIENT TOTAL	0									
MEDICAL	U	0		.00		.00	.000	.00	.00	
SURGERY	0	0		.00		.00	.000	.00	.00	
PATHOLOGY	0	0		.00		.00	.000	.00	.00	
RADIOLOGY	0	0		.00		.00	.000	.00	.00	
ROOM USE	0	0		.00		.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	. 0	14CR		.52		.04CR	14.000CR	.00	.52	
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00	
-	0		۲		۲					
MENTALLY ILL	U	0		.00		.00	.000	.00	.00	
DEVELOP. DISABLED	Ü	0		.00		.00	.000	.00	.00	
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00	
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00	.00	
LEV B-REHAB MD	0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	. 0	0		.00		.00	.000	.00	.00	
LEV B-SUBACUTE HSPTL BASED	Û	0		.00		.00	.000	.00	.00	
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00	
	0	•								
LEV B-REGULAR	U	0		.00		.00	.000	.00	.00	
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00	
ICF DDH	0	0		.00		.00	.000	.00	.00	
ICF DD	0	0		.00		.00	.000	.00	.00	
ICF DDN/DDCN	0	0		.00		.00	.000	.00	.00	
@HEMODIALYSIS TOTAL	0	1CR	\$	3,903.49	\$	3903.49CR	1.000CR\$.00	\$ 3903.49	
HOSPITAL BASED	0	0	·	.00	·	.00	.000	.00	.00	
HEMODIALYSIS CENTER	0	1CR		3,903.49		3903.49CR	1.000CR	.00	3903.49	
	0	0	ċ	- /	\$					
@REHABILITATION FACILITY	0		\$.00	Ş	.00	.000 \$.00		
HOSPITAL BASED	U	0		.00		.00	.000	.00	.00	
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00	.00	
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00	
PATHOLOGY	0	0		.00		.00	.000	.00	.00	
XO AND OTHERS	0	0		.00		.00	.000	.00	.00	
@ORGANIZED OUTPATIENT CLINIC	27	36	Ś	2,532.99	\$	70.36	36.000 \$	93.81	\$ 2532.99	
CLINIC	0	0	Т.	.00	4	.00	.000	.00	.00	
SURGICENTER	0	0		.00		.00	.000	.00	.00	
	0	· · · · · · · · · · · · · · · · · · ·								
HEROIN DETOX CLINIC	U	0		.00		.00	.000	.00	.00	
RURAL HEALTH CLINIC	27	36		2,532.99		70.36	36.000	93.81	2532.99	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2002 THRU DEC	2002	PAGE 8,02	28
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/0)3
MONTEREY COUNTY	SUMMARY OF SERV	VICES FOR 31 MN -	SOC	- DISABLED A	ID C	ODES 65 67	6W			
							MONT	THLY AVERA	GE	
01 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE				R UNIT/DAY		USER	ELIGIBLE	
@ALL OTHER PROVIDERS	19	47	\$	3,287.69	\$	69.95	47.000 \$	173.04	\$ 3287.69	
	0		۲	•	۲		·			
DURABLE MED. EQUIP.	U	0		.00		.00	.000	.00	.00	
BLOOD BANK	0	0		.00		.00	.000	.00	.00	
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00	.00	
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00	.00	
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00	.00	
OTHER TRANS	0	0		.00		.00	.000	.00	.00	
OTHER SERVICES	0	0		.00		.00	.000	.00	.00	
	0	0		.00			.000	.00	.00	
ACUPUNCTURE	0					.00				
ADULT DAY HEALTH CARE CTR	·	0		.00		.00	.000	.00	.00	
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00	.00	
IHMC, MODEL-NF, NF, AIDS, MSSP	4	22		2,933.59		133.35	22.000	733.40	2933.59	
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00	.00	
OPTICIAN	14	31		339.28		10.94	31.000	24.23	339.28	
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00	.00	
 	-	-		. 0 0				0		

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	2	19.66	9.83	2.000	19.66	19.66
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	8CR	4.84CR	.61	8.000CR	.00	4.84CR
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00	.00
@XOVER EXCLUDING STATE HOSP**	2	24CR \$	5,027.35 \$	209.47CR	24.000CR\$	2513.68	5027.35

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,029
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	THLY AVERA	GE
49 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	334	1,220	\$	71,406.54	\$ 58.53	24.898	\$ 213.79	\$ 1457.28
@PHYSICIANS SERVICES	15	71	\$	2,436.29	\$ 34.31	1.449	162.42	\$ 49.72
OUTPATIENT VISITS	3	3		200.40	66.80	.061	66.80	4.09
OFFICE VISITS	1	1		36.57	36.57	.020	36.57	.75
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2		163.83	81.92	.041	81.92	3.34
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00	.00	.000		.00		.00
INPATIENT VISITS	4	9		589.95	65.55	.184		147.49		12.04
HOSPITAL VISITS	4	9		589.95	65.55	.184		147.49		12.04
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	45		1,120.52	24.90	.918		560.26		22.87
PRINCIPAL SURGEON	1	1		390.70	390.70	.020		390.70		7.97
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	2	44		729.82	16.59	.898		364.91		14.89
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	4	8		446.32	55.79	.163		111.58		9.11
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2 2	4		21.80	5.45	.082		10.90		.44
OTHER SERVICES/ALL X-OVERS	2	2		57.30	28.65	.041		28.65		1.17
@PHARMACY	19 19	43	\$	4,557.58	\$ 105.99	.878	\$	239.87	\$	93.01
PRESCRIPTION DRUGS	19	40		4,369.53	109.24	.816		229.98		89.17
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	19	40		4,369.53	109.24	.816		229.98		89.17
MEDICAL SUPPLIES	1	3		188.05	62.68	.061		188.05		3.84
@DENTIST	161	818	\$	28,136.95	\$ 34.40	16.694	\$	174.76	\$	574.22
VISITS - DIAGNOSTIC	103	360		2,684.50	7.46	7.347		26.06		54.79
ORAL SURGERY	33	65		4,277.20	65.80	1.327		129.61		87.29
DRUGS	8	9		117.50	13.06	.184		14.69		2.40
ANESTHESIA	5	5		500.00	100.00	.102		100.00		10.20
PERIODONTICS	8	8		811.00	101.38	.163		101.38		16.55
ENDODONTICS	13	26		1,899.00	101.38 73.04	.531		146.08		38.76
RESTORATIVE DENTISTRY	82	302		14,030.75	46.46	6.163		171.11		286.34
PROSTHETICS	0	0		.00	.00	.000		. 0.0		.00
DENTURES, STAYPLATES	5	14		697.00	49.79	.286		139.40		14.22
SPACE MAINTAINERS	0	0		120.00	.00	.000		.00		2.45
MAXILLOFACIAL SERVICES	1	3		.00	.00	.061		.00		.00
FRACTURES, DISLOCATIONS	1	3		3,000.00	1000.00	.061		3000.00		61.22
ORTHODONTIC SERVICES	2	5		.00	.00	.102		.00		.00
ALL OTHER SERVICES	11	18		.00	.00	.367		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	ONTH-OF-PAYMENT RE		2002 THRU	DEC		P.	AGE 8,030
MOP024	FEE-FOR-SERVICE/DENT	ΓAL								01/17/03
MONTHED THE CONTINUE	01000000000000000000000000000000000000	EOD 00 101	~~~		DE ED CD 27					

----- MONTHLY AVERAGE -----49 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE USER PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 0 0 \$.00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .000 \$.00 \$.00 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 0 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

MONTEREY COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	2	3 \$	177.11	\$ 59.04	.061 \$	88.56	\$	3.61
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	12	38 \$	23,090.49	\$ 607.64	.776 \$	1924.21	\$	471.23
HOSP INPATIENT TOTAL	5	18	22,336.61	1240.92	.367	4467.32		455.85
HSC HOSPITALS	5	18	22,352.00	1241.78	.367	4470.40		456.16
NON-HSC HOSPITAL TOTAL	0	0	15.39CR		.000	.00		.31CR
ACCOMMODATIONS	0	0	15.39CR	.00	.000	.00		.31CR
ADMINISTRATIVE DAYS	0	0	15.39CR	.00	.000	.00		.31CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	8	20	753.88	37.69	.408	94.24		15.39
MEDICAL	0	0	20.55	.00	.000	.00		.42
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	5	7	148.93	21.28	.143	29.79		3.04
RADIOLOGY	1	2	171.01	85.51	.041	171.01		3.49
ROOM USE	2	2	81.67	40.84	.041	40.84		1.67
CROSSOVERS/ALL OTH OUTPTNT	2	9	331.72	36.86	.184	165.86		6.77
@COUNTY HOSPITAL TOTAL	2	18 \$	11,474.42	\$ 637.47		1274.94	Ċ	234.17
CO HOSPITAL INPATIENT TOTAL	3	10	11,474.42	1124.00	.204	3746.67	ې	229.39
HSC HOSPITALS	3	10	11,240.00	1124.00	.204	3746.67		229.39
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	6	0	234.42	29.30	.163	39.07		4.78
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00		.000	.00		.00
	0	0	128.39	.00				
PATHOLOGY	4	3	56.46	25.68 28.23	.102 .041	32.10 56.46		2.62 1.15
RADIOLOGY	1	1	47.09	47.09	.020	47.09		.96
ROOM USE	0	0	2.48	.00	.020	.00		.05
CROSSOVERS/ALL OTH OUTPINT #CALIF DEPT OF HEALTH SERV	•	U ES AND EXPENDITURES MO					DΛ	
		i e	JNIH-OF-PAIMENI REI	PORT FOR JAN 2	2002 IRO DEC	2002	PA	, ,
MOP024 MONTEREY COUNTY	FEE-FOR-SERVICE,	ICES FOR 32 MN - SOC	- FAMILIES AID COL	NF 5D 6D 37				01/17/03
MONIEREI COONII	SOMMANI OF SERV.	ICES FOR 32 PM SOC	FAMILIES AID COL	DE DIX OIX D7	MON'	תמשוות עדשי	or _	
49 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AMEDICE COST				OST PER
49 EDIGIDES	OSERS	OR DAYS OF CARE	EXIENDITONES	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	20 \$	11,616.07			3872.02		
COMM HOSP INPATIENT TOTAL	2	8	11,010.07		.163	5548.31	Υ	226.46
HSC HOSPITALS	2	8	11,112.00	1389 00	.163	5556.00		226.78
NON-HSC HOSPITALS TOTAL	0	0	15.39CR		.000	.00		.31CR
ACCOMMODATIONS	0	0	15.39CR		.000	.00		.31CR
1100011110D111110IND	O	O	10.0901	• 0 0	• 000	• 0 0		• 2101/

				45.00	_						04
ADMINISTRATIVE DAYS	0	0		15.39CF	₹	.00	.000		.00		.31CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2	12		519.46		43.29	.245		259.73		10.60
MEDICAL	0	0		20.55		.00	.000		.00		.42
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	1	2		20.54		10.27	.041		20.54		.42
RADIOLOGY	0	0		114.55		.00	.000		.00		2.34
ROOM USE	1	1		34.58		34.58	.020		34.58		.71
CROSSOVERS/ALL OTH OUTPTNT	2	9		329.24		36.58	.184		164.62		6.72
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	·	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	т.	.00	т.	.00	.000	т.	.00	т.	.00
LEV B-REHAB MD	Ô	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	Ô	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ś	.00	.000	Ś	.00	Ċ	.00
ICF DDH	0	0	۲	.00	Y	.00	.000	Y	.00	Y	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ċ		\$.00
-	0	0	ې	.00	Ş	.00	.000	\$.00	ې	.00
HOSPITAL BASED	0	0									
HEMODIALYSIS CENTER	0	0	ć	.00	Ċ	.00	.000	ć	.00	<u>_</u>	.00
@REHABILITATION FACILITY	0	-	\$.00	Ş	.00	.000	\$.00	Þ	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	_	.00		.00	.000	_	.00	_	.00
@LABORATORY FACILITY	4	4	\$	92.72	\$	23.18	.082	\$	23.18	Ş	1.89
PATHOLOGY	4	4		92.72		23.18	.082		23.18		1.89
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	111	171	\$	12,129.93	\$	70.94	3.490	\$		\$	247.55
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	111	171		12,129.93		70.94	3.490		109.28		247.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MC	NTH-OF-PAYMENT RE	EPORI	FOR JAN	2002 THRU	DEC	2002	P	AGE 8,032
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

					MON	THLY AVERA	GE
49 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	26	72 \$	785.47	\$ 10.91	1.469 \$	30.21	\$ 16.03
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	17	181.33	10.67	.347	181.33	3.70
AMBULANCES/AIR TRANS	1	17	181.33	10.67	.347	181.33	3.70
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.020	55.00	1.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	19	40	398.18	9.95	.816	20.96	8.13
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	14	150.96	10.78	.286	30.19	3.08
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	19	78	\$ 25 , 517.60	\$ 327.15	1.592	\$ 1343.03	\$ 520.77
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,033 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

					MON	THLY AVERA	GE
50 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	902	3 , 027 \$	312,501.73	\$ 103.24	60.540 \$	346.45	\$ 6250.03
@PHYSICIANS SERVICES	18	80 \$	3,085.84	\$ 38.57	1.600 \$	171.44	\$ 61.72
OUTPATIENT VISITS	3	3	200.40	66.80	.060	66.80	4.01
OFFICE VISITS	1	1	36.57	36.57	.020	36.57	.73
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	163.83	81.92	.040	81.92	3.28
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	4	7	555.51	79.36	.140	138.88	11.11
HOSPITAL VISITS	4	7	555.51	79.36	.140	138.88	11.11
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	3	46	1,637.23	35.59	.920	545.74	32.74
PRINCIPAL SURGEON	1	1	390.70	390.70	.020	390.70	7.81
ASSISTANT SURGEON	1	1	208.49	208.49	.020	208.49	4.17
ANESTHESIOLOGIST	2	44	1,038.04	23.59	.880	519.02	20.76
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	5.31	1.77	.060	5.31	.11

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	5	15		589.86		39.32	.300		117.97		11.80
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	4		21.80		5.45	.080		10.90		. 44
OTHER SERVICES/ALL X-OVERS	3	2		75.73		37.87	.040		25.24		1.51
@PHARMACY	366	810	\$	188,884.12	\$	233.19	16.200	\$	516.08	\$	3777.68
PRESCRIPTION DRUGS	366	806		188,809.28		234.25	16.120		515.87		3776.19
SNF/ICF	23	48		5,543.05		115.48	.960		241.00		110.86
OUTPATIENTS	344	758		183,266.23		241.78	15.160		532.75		3665.32
MEDICAL SUPPLIES	1	4		74.84		18.71	.080		74.84		1.50
@DENTIST	343	1,588	\$	60,366.94	\$	38.01	31.760	\$	176.00	\$	1207.34
VISITS - DIAGNOSTIC	210	711		6,330.35		8.90	14.220		30.14		126.61
ORAL SURGERY	71	195		9,403.20		48.22	3.900		132.44		188.06
DRUGS	9	10		117.50		11.75	.200		13.06		2.35
ANESTHESIA	9	9		800.00		88.89	.180		88.89		16.00
PERIODONTICS	25	25		2,666.00		106.64	.500		106.64		53.32
ENDODONTICS	23	37		3,669.64		99.18	.740		159.55		73.39
RESTORATIVE DENTISTRY	130	432		23,868.75		55.25	8.640		183.61		477.38
PROSTHETICS	4	5		112.50		22.50	.100		28.13		2.25
DENTURES, STAYPLATES	33	111		10,279.00		92.60	2.220		311.48		205.58
SPACE MAINTAINERS	0	0		120.00		.00	.000		.00		2.40
MAXILLOFACIAL SERVICES	1	3		.00		.00	.060		.00		.00
FRACTURES, DISLOCATIONS	1	3		3,000.00		1000.00	.060		3000.00		60.00
ORTHODONTIC SERVICES	2	5		.00		.00	.100		.00		.00
ALL OTHER SERVICES	22	42		.00		.00	.840		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDIT	URES 1	MONTH-OF-PAYMENT RE	EPOR'	r for jan	2002 THRU	DEC	2002	P	AGE 8,034
MOP024	FEE-FOR-SERVICE	:/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 33 ME	DICALI	LY NEEDY - SOC							
							M	ONTF	HLY AVERA	GE	
EO RITCIDIRO	HCEDC	INTER OF CERTIF	CE	EADENDIMIDEC	7\ \ 7.1	EDACE COC	T TINITHO / DAY	0 0			COCH DED

50 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER CO

EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00 \$.00	.000 \$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00 \$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	·	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
OTHER	2	3	Ċ					Ċ	
@HOME HEALTH AGENCY	0	0	\$	177.11 \$	59.04	.060 \$	88.56		3.54
NURSE ANESTHESIST	<u> </u>		Ş	.00 \$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0	\$.00 \$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00 \$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00 \$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	14	20	\$	23,978.78 \$	1198.94	.400 \$	1712.77	\$	479.58
HOSP INPATIENT TOTAL	7	27		23,418.66	867.36	.540	3345.52		468.37
HSC HOSPITALS	5	18		22,352.00	1241.78	.360	4470.40		447.04
NON-HSC HOSPITAL TOTAL	0	0		92.34CR	.00	.000	.00		1.85CR
ACCOMMODATIONS	0	0		92.34CR	.00	.000	.00		1.85CR
ADMINISTRATIVE DAYS	0	0		92.34CR	.00	.000	.00		1.85CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
	0	0							
ALL OTHER ACCOM				.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	2	9		1,159.00	128.78	.180	579.50		23.18
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	8	7CR		560.12	80.02CR	.140CR	70.02		11.20
MEDICAL	0	0		20.55	.00	.000	.00		.41
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	5	7		148.93	21.28	.140	29.79		2.98
RADIOLOGY	1	2		171.01	85.51	.040	171.01		3.42
ROOM USE	2	2		81.67	40.84	.040	40.84		1.63
CROSSOVERS/ALL OTH OUTPINT	2	18CR		137.96	7.66CR	.360CR	68.98		2.76
@COUNTY HOSPITAL TOTAL	10	24	\$	12,266.42 \$.480 \$		Ċ	245.33
CO HOSPITAL INPATIENT TOTAL	4	16	۲	12,200.42	752.00		3008.00	۲	240.64
	-								
HSC HOSPITALS	3	10		11,240.00	1124.00		3746.67		224.80
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	6		792.00	132.00	.120	792.00		15.84
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	6	8		234.42	29.30	.160	39.07		4.69
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	4	5		128.39	25.68	.100	32.10		2.57
	1	2			28.23				
RADIOLOGY	1	_		56.46		.040	56.46		1.13
ROOM USE	1	Ţ		47.09	47.09	.020	47.09		.94
CROSSOVERS/ALL OTH OUTPTNT		0		2.48	.00	.000	.00		.05
	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MO	ONTH-OF-PAYMENT REPOR	RT FOR JAN 2	UU2 THRU DEC	2002	PF	AGE 8,035
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	33 MEDI	CALLY	Y NEEDY - SOC					
						MONTH	HLY AVERA	GE -	

		OR DAYS OF CARE			PER UNIT/DAY	PER ELIC	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	4	4CR		11,712.36	\$ 2928.09CR	.080CR\$			234.25
COMM HOSP INPATIENT TOTAL	3	11	т.	11,386.66	1035.15	.220	3795.55	т.	227.73
HSC HOSPITALS	2	8		11,112.00	1389.00	.160	5556.00		222.24
NON-HSC HOSPITALS TOTAL	0	0		92.34CR		.000	.00		1.85CR
ACCOMMODATIONS	0	0		92.34CR		.000	.00		1.85CR
ADMINISTRATIVE DAYS	0	0		92.34CR		.000	.00		1.85CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	1	3		367.00	122.33	.060	367.00		7.34
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2	15CR		325.70	21.71CR	.300CR	162.85		6.51
MEDICAL	0	0		20.55	.00	.000	.00		.41
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	1	2		20.54	10.27	.040	20.54		.41
RADIOLOGY	0	0		114.55	.00	.000	.00		2.29
ROOM USE	1	1		34.58	34.58	.020	34.58		.69
CROSSOVERS/ALL OTH OUTPTNT	2	18CR		135.48	7.53CR	.360CR	67.74		2.71
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	·	.00	.00	.000	.00	·	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	1	31	\$	3,101.42	\$ 100.05	.620 \$	3101.42	\$	62.03
LEV A-INTERMEDIATE	0	0	·	.00	.00	.000	.00	·	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	1	31		3,101.42	100.05	.620	3101.42		62.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	·	.00	.00	.000	.00	·	.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	1CR	\$	4,375.76	\$ 4375.76CR	.020CR\$.00	\$	87.52
HOSPITAL BASED	0	0	·	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	1CR		4,375.76	4375.76CR	.020CR	.00		87.52
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	4	4	\$	92.72	\$ 23.18	.080 \$	23.18	\$	1.85
PATHOLOGY	4	4		92.72	23.18	.080	23.18		1.85
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	156	240	\$	17,146.18	\$ 71.44	4.800 \$	109.91	\$	342.92
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	156	240			71.44				342.92
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES N	MONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	Р	AGE 8,036
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 33 MEDI	CALI	LY NEEDY - SOC					
						MONT	HLY AVERA	GE	
50 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	60	252	\$	11,292.86	\$ 44.81	5.040 \$	188.21	\$	225.86
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00		.00

BLOOD BANK

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HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	17	181.33	10.67	.340	181.33	3.63
AMBULANCES/AIR TRANS	1	17	181.33	10.67	.340	181.33	3.63
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	3	102	6,769.08	66.36	2.040	2256.36	135.38
GENETIC DISEASE TESTING	1	1	55.00	55.00	.020	55.00	1.10
IHMC, MODEL-NF, NF, AIDS, MSSP	4	22	2,933.59	133.35	.440	733.40	58.67
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	45	102	1,188.08	11.65	2.040	26.40	23.76
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	6	16	170.62	10.66	.320	28.44	3.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	8CR	4.84CR	.61	.160CR	.00	.10CR
@CALIF. CHILDREN SERVICES*	19	78 \$	25,517.60 \$		1.560 \$	1343.03 \$	510.35
@XOVER EXCLUDING STATE HOSP**	2	37CR \$	5,305.34 \$	143.39CR	.740CR\$	2652.67 \$	106.11
0.4 0.003.1.0 131 0110.00 1 1310.0 3.00 0111031	3 C 3 CED3D3EE	TATEODAY TEELS ONT I					

 $[\]ensuremath{ @^{*}}$ Totals in these lines are given as a separate information item only;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,037
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE	

HOWELET COOKIE	DOIMMING OF DELI-		ш1140	11000	1110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						MO	NTHLY AVERA	GE
10 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,536	3,280	\$	348,250.80	\$ 106.17	328.000	\$ 226.73	\$ 34825.08
@PHYSICIANS SERVICES	8	29	\$	1,434.00	\$ 49.45	2.900	\$ 179.25	\$ 143.40
OUTPATIENT VISITS	1	1		57.20	57.20	.100	57.20	5.72
OFFICE VISITS	1	1		57.20	57.20	.100	57.20	5.72
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	7	24		1,254.40	52.27	2.400	179.20	125.44
HOSPITAL VISITS	1	13		606.80	46.68	1.300	606.80	60.68
CRITICAL CARE	1	5		482.60	96.52	.500	482.60	48.26
SNF/ICF/TRANS IP CARE	6	6		165.00	27.50	.600	27.50	16.50
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2		101.46	50.73	.200	101.46	10.15
PRINCIPAL SURGEON	1	2		101.46	50.73	.200	101.46	10.15
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	2		20.94		10.47	.200		10.47		2.09
@PHARMACY	1,162	1,898	\$	237,858.18	\$	125.32	189.800	Ċ		ċ	23785.82
•	1,162	-	۲		Ą	125.32		ې	204.70		
PRESCRIPTION DRUGS		1,898		237,858.18			189.800				23785.82
SNF/ICF	1,017	1,710		205,248.25		120.03	171.000		201.82		20524.83
OUTPATIENTS	149	188		32,609.93		173.46	18.800		218.86		3260.99
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	390	841	\$	39,139.00	\$	46.54	84.100	\$		\$	3913.90
VISITS - DIAGNOSTIC	369	649		13,883.00		21.39	64.900		37.62		1388.30
ORAL SURGERY	20	55		2,533.00		46.05	5.500		126.65		253.30
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.100		100.00		10.00
PERIODONTICS	2	2		200.00		100.00	.200		100.00		20.00
ENDODONTICS	1	3		195.00		65.00	.300		195.00		19.50
RESTORATIVE DENTISTRY	8	35		1,163.00		33.23	3.500		145.38		116.30
PROSTHETICS	2	2		80.00		40.00	.200		40.00		8.00
DENTURES, STAYPLATES	50	93		20,985.00		225.65	9.300		419.70		2098.50
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0							.00		
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000				.00
ORTHODONTIC SERVICES	U	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	1			.00		.00	.100		.00	_	.00
			RES MO	NTH-OF-PAYMENT RE	EPOR'	r for Jan 2	2002 THRU	DEC	2002	P.	AGE 8,038
	FEE-FOR-SERVICE/										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR 34 MN	- LTNO	G - AGED		AID CC	DE				
							M			GE.	
10 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0	Т	.00	т.	.00	.000	т.	.00	т.	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	ċ	.00
	0	0	۲	.00	Ą			ې	.00	۲	
MEDICINE/INJECTIONS	0	0				.00	.000				.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	•	ŭ		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	28	\$	33,110.11	\$	1182.50	2.800	\$ 3	11036.70	\$	3311.01
HOSP INPATIENT TOTAL	3	28	•	33,006.16	•	1178.79	2.800		11002.05		3300.62
											3300.02
HSC HOSPITALS	2	27		32,400.00		1200.00	2.700		16200.00		3240.00

OUTPATIENT SURGERY

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NON-HSC HOSPITAL TOTAL	1	1	606.16	606.16	.100	606.16	60.62
ACCOMMODATIONS	1	1	230.29	230.29	.100	230.29	23.03
ADMINISTRATIVE DAYS	1	1	230.29	230.29	.100	230.29	23.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	375.87	.00	.000	375.87	37.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	103.95	.00	.000	.00	10.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	103.95	.00	.000	.00	10.40
@COUNTY HOSPITAL TOTAL	3	28	\$ 33,110.11	\$ 1182.50	2.800	\$ 11036.70	\$ 3311.01
CO HOSPITAL INPATIENT TOTAL	3	28	33,006.16	1178.79	2.800	11002.05	3300.62
HSC HOSPITALS	2	27	32,400.00	1200.00	2.700	16200.00	3240.00
NON-HSC HOSPITALS TOTAL	1	1	606.16	606.16	.100	606.16	60.62
ACCOMMODATIONS	1	1	230.29	230.29	.100	230.29	23.03
ADMINISTRATIVE DAYS	1	1	230.29	230.29	.100	230.29	23.03
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	1	0	375.87	.00	.000	375.87	37.59
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	103.95	.00	.000	.00	10.40
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 103.95 .00 .000 .00 10.40 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,039

01/17/03

#CADIT DELI OF HEADIN SERV	MEDI CAL SERVICES AND EXTENDITORES MONTH OF TAIMENT RE	TORT FOR OAN 2002 THRO DEC 2002
MOP024	FEE-FOR-SERVICE/DENTAL	
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED	AID CODE

MONIEREI COUNII	SUMMARI OF SERV	ICES FOR S	54 MM -	LING -	AGED		AID CC					
										HLY AVERA		
10 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES		RAGE COST			COST PER		COST PER
		OR DAYS (- ,	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
	0		0	ې	.00	Ş		.000	Ş	.00	Ą	.00
MENTALLY ILL	0		0				.00					
DEVELOP. DISABLED	· ·		-	<u>^</u>	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	10		272	\$	30,676.50	\$	112.78	27.200	\$	3067.65	\$	3067.65
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	10		272		30 , 676.50		112.78	27.200		3067.65		3067.65
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	Ś	.00
PATHOLOGY	0		0	'	.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	7		8	Ś	528.15	\$	66.02	.800	\$	75.45	\$	52.82
CLINIC	,		0	т	.00	т	.00	.000	Τ.	.00	Τ.	.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7		8		528.15		66.02	.800		75.45		52.82
	MEDI-CAL SERVIC	EC VND EXD	•	TO MONTH					DEC		Τ.	
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE		TANTIOKI	L'NOM CT	n-Or-PAIMENT RE	LPUKT	FUR JAN 2	LUUZ THKU	DE.C.	2002	P	AGE 8,040
MOPUZ4 MONTEREY COUNTY	SUMMARY OF SERV		דירוער ו/ כ	T TINIC	A CED		AID CO					01/17/03
MONIEREI COONII	SOUTHART OF SERV	TCES FOR S	– אוואו –	птис –	MULU		AID CO	יועע				

					MON	THLY AVERAG	E
10 ELIGIBLES	USERS UNI	ITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OI	R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	79	204 \$	5,504.86	\$ 26.98	20.400 \$	69.68	\$ 550.49
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	12	205.45	17.12	1.200	102.73	20.55
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	71	153	1,981.40	12.95	15.300	27.91	198.14
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	3,142.80	104.76	3.000	3142.80	314.28
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	9	175.21	19.47	.900	35.04	17.52
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	10 \$	409.68	\$ 40.97	1.000 \$	58.53	\$ 40.97
0* TOTALS IN THESE LINES ARE G	GIVEN AS A SEPARATE	INFORMATION ITEM	ONLY;				
THE AMOUNTS ARE ALREADY INC			S ABOVE.				
** THESE DATA ARE INCLUDED IN	N THE APPROPRIATE DI	ETAIL LINES ABOVE.					
	MEDI-CAL SERVICES A		IONTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 8,041
	FEE-FOR-SERVICE/DE						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	S FOR 35 MN - LTN	IG - BLIND	AID CC	DDE		

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 5 6 \$ 1,007.65 \$ 167.94 .000 \$ 201.53 \$.00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 .00 .00 .000 .00 .00 OUTPATIENT VISITS .00 .00 .00 OFFICE VISITS 0 0 .000 .00 0 .00 .00 .000 HOME VISITS .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE .00 .00 .00 .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI .000 .00 OTHER OUTPATIENT 0 .00 .00 .00 .00 .000 .00 .00 .00 .00 INPATIENT VISITS .000 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0						
PRINCIPAL SURGEON	U	U	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	5	6 \$	1,007.65	\$ 167.94	.000 \$		Ś	.00
PRESCRIPTION DRUGS	5	6	1,007.65	167.94	.000	201.53	Ψ	.00
	5	6	1,007.65	167.94		201.53		.00
SNF/ICF	2	· · · · · · · · · · · · · · · · · · ·	•		.000			
OUTPATIENTS	U	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES	U	0	.00	.00	.000	.00	_	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
	0	0						.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		
MAXILLOFACIAL SERVICES	U	U	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	U	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURES MON	ITH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DE	C 2002	PA	,
MOP024	FEE-FOR-SERVICE	E/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	VICES FOR 35 MN - LTNG	- BLIND	AID (CODE			
					MON	THLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C'	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	Y PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	·	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
	0		.00		.000 \$		ċ	.00
@CHIROPRACTOR	O	• •					ې	
VISITS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$		Ş	.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
		•						

EXAMINATIONS

0

0

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		0 0		0.0	*	0.00	•	A	0.0
NURSE MIDWIFE	0	0 \$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
	0	0			.00				
ADMINISTRATIVE DAYS	0	U		.00		.000	.00		.00
TRANSITIONAL IP CARE	U	U		.00	.00	.000	.00		.00
ALL OTHER ACCOM	O	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
ROOM USE	0	· ·							
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	<u>^</u>	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
	0	0							
CO HOSP OUTPATIENT TOTAL	U	U		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAY	MENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE	8,043
MOP024	FEE-FOR-SERVICE	/DENTAL							/17/03
MONTEREY COUNTY		ICES FOR 35 MN - L	TNG - BLIND		AID C	ODE			, = : , = =
110111212121 0001111	201111111 01 2211	1020 1011 00 1111 2	22112		1112		NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI	TTIBES	AVERAGE COST				PER
0.0 111011110	00110	OR DAYS OF CARE	1171 11/1/1		PER UNIT/DAY		USER		FIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DAIS OF CARE		.00	\$.00	.000			.00
-								۲	
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

0 0 .00 .00 .000 .00 .00 SURGICENTER .00 .00 .000 .00 .00 .00 .000 .00 .00 HEROIN DETOX CLINIC Ω .00 RURAL HEALTH CLINIC 0 0 .00 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,044 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST	PER IBLE
OR DAVIG OF CARE	IBLE
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIG	
@ALL OTHER PROVIDERS 0 0 \$.00 \$.00 \$.00 \$.00
DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00	.00
BLOOD BANK 0 0 0 .00 .00 .00 .00	.00
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00	.00
MEDICAL TRANSPORTATION 0 0 .00 .00 .00 .00	.00
AMBULANCES/AIR TRANS 0 0 .00 .00 .00 .00 .00	.00
OTHER TRANS 0 0 .00 .00 .00 .00	.00
OTHER SERVICES 0 0 .00 .00 .00 .00	.00
ACUPUNCTURE 0 0 0 .00 .00 .00 .00	.00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00	.00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0 0 .00 .00 .00 .00	.00
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00	.00
OPTICIAN 0 0 .00 .00 .00 .00	.00
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00	.00
PORTABLE X-RAY 0 0 .00 .00 .00 .00	.00
PROSTHETIST/ORTHOTISTS 0 0 0 .00 .00 .00 .00	.00
PROSTHETICS 0 0 .00 .00 .00 .00 .00	.00
ORTHOTICS 0 0 .00 .00 .00 .00 .00	.00
PSYCHOLOGIST 0 0 .00 .00 .00 .00	.00
SPEECH AND AUDIOLOGY 0 0 .00 .00 .00 .00	.00
HOSPICE SERVICES 0 0 .00 .00 .00 .00	.00
NONINST BIRTHING CENTERS 0 0 .00 .00 .00 .00	.00
LOCAL EDUCATION AGENCIES 0 0 .00 .00 .00 .00	.00
EPSDT SUPPLEMENTAL SERVICE 0 0 .00 .00 .00 .00 .00	.00
RESPIRATORY CARE PRACT. 0 0 .00 .00 .00 .00 .00	.00
PED SUBACUTE REHAB/WEANING 0 0 .00 .00 .00 .00 .00	.00
ALL OTHER PROVIDERS 0 0 .00 .00 .00 .00	.00
@CALIF. CHILDREN SERVICES* 0 0 \$.00 \$.00 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MONTEREY COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,045 01/17/03 MONTEREY COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 00 ELIGIBLES USERS 625 \$ 242,711.06 \$ 388.34 .000 \$ 2056.87 \$.00 @TOTAL, ALL PROVIDERS 118 .00 \$.00 .000 \$. 0 0 .00 \$.00 .00 @PHYSICIANS SERVICES Ω 0 .00 OUTPATIENT VISITS 0 0 .00 OFFICE VISITS 0 0 .00 HOME VISITS EMERGENCY ROOM
PREVENTIVE CARE 0 0 .00 0 PREVENTIVE CARE .00 OB VISITS/COMPRE PERI .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OIIIII OOIIIIIIII	0	O		• 0 0		• 0 0	.000		• 0 0		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0									
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	Ü		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	81	204	\$	40,464.55	ė 1	.00 L98.36	.000	ċ	499.56	ċ	.00
-			Ą	•				Ą		Ą	
PRESCRIPTION DRUGS	81	204		40,464.55		L98.36	.000		499.56		.00
SNF/ICF	71	188		37,421.48		L99.05	.000		527.06		.00
OUTPATIENTS	10	16		3,043.07	_	L90.19	.000		304.31		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	28	49	\$	1,245.00		25.41	.000	Ş	44.46	Ş	.00
VISITS - DIAGNOSTIC	27	4 4		872.00		19.82	.000		32.30		.00
ORAL SURGERY	3	4		173.00		43.25	.000		57.67		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00	2	200.00	.000		200.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES			DEC MOI					DEC		D 7	
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	KES MOI	NTH-OF-PAIMENT R.	EPORT I	OR JAN 2	2002 THRU	DEC	2002	PP	GE 8,046
MOP024	FEE-FOR-SERVICE										01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 36 MN -	- L'I'NG	- DISABLED		AID CC					
			_				M				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY	s c			OST PER
		OR DAYS OF CARE	3			JNIT/DAY	PER ELIG		USER		LIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
			•		•						

0

OTHER OUTPATIENT

0

.00

.000

.00

.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 \$.00	\$.00	.000 \$.00	
NURSE MIDWIFE	0	0 \$		•			
PEDIATRIC NURSE PRACTITIONER	U	U \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	U	U Ş	.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$	32.43	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	32.43	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0				.00	
	0		.00	.00	.000		.00
RADIOLOGY	•	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	32.43	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	3.94	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	3.94	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	3.94	.00		.00	.00
					.000		
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAIMENT RE	EPORT FOR JAN 2	2002 THRU DEC	, 2002	PAGE 8,047
MOP024	FEE-FOR-SERVICE		DIGIDIED	3.TD 00	NDE .		01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 36 MN - LTNG	- DISABLED	AID CC			~=
					MON7		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$	28.49	\$.00	.000 \$		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		28.49		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		28.49		.00	.000		.00		.00
@STATE HOSPITAL	11	354	\$	200,755.68	\$	567.11	.000	Ś	18250.52	Ś	.00
MENTALLY ILL	0	0	Ψ	.00	Υ	.00	.000	٧	.00	Ψ	.00
DEVELOP. DISABLED	11	354		200,755.68		567.11	.000		18250.52		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B KEHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B SOBACOTE HISTER BASED	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	Ċ	.00
ICF DDH	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	۲	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	Y	.00	Ψ.	.00	.000	٧	.00	Ψ	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	Y	.00	Ψ.	.00	.000	٧	.00	Ψ	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
CLINIC	0	0	Ψ	.00	Υ	.00	.000	٧	.00	Ψ	.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	•	•	ES M	ONTH-OF-PAYMENT RE	ZPORT			DEC		P7	AGE 8,048
MOP024	FEE-FOR-SERVICE				JI 01(I	1010 01110 2	.002 1111(0		2002		01/17/03
MONTEREY COUNTY		ICES FOR 36 MN -	T.TN	G - DISABLED		AID CO	DE:				01/11/03
11011121121 0001111	00111111111 01 01111	1020 1011 00 1111				1112 00	M	тис	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST					COST PER
00 22101222	00210	OR DAYS OF CARE				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	9	18	\$	213.40	\$	11.86	.000		23.71		.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
A CLIDINGHIDE	0	0		0.0		0.0	000		0.0		0.0

.00

.00

.000

.00

.00

ACUPUNCTURE

0

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	9	18	213.40	11.86	.000	23.71	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	32.43	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,049
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MC	NTHLY AVERA	AGE	
00 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CA	RE		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	Ś	- 0.0	Ś	. 00	. 000	\$.00	Ś	. 00

OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	0	0	.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.000	.00		.00
EXAMINATIONS	0	0		.00		.00		
SERVICES AND MATERIALS	•	•	.00	.00	.000			.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	U	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	U	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	0	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	S AND EXPENDITURES N					PAGE	8,050
MOP024	FEE-FOR-SERVICE			ELORI LOR OTHV	LOUZ IIIKO DE	0 2002		1/17/03
MONTEREY COUNTY		CES FOR 37 MN - LTN	NG - FAMILIES	DISCONT	ттм		O	1/1//05
HOWIERE COOKII	BOILING OF BEILVE	CDD TOR 37 INV DIT		DIBCON	MON	THIV AWERA	CF	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST				T PER
0.0 51101010	JOHNO	OR DAYS OF CARE	T111 TIVD T T O1/110	PER UNIT/DAY		USER		GIBLE
@OPTOMETRIST	0	OR DATS OF CARE	.00	\$.00	.000 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	Υ	.00
DIAGNOSTIC AND ANC. PROCED	O	O	.00	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	·	.00	•	.00	.000	·	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MEDICAL SURGERY	0	0							.00		.00
		0		.00		.00	.000				
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	-	-		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUR	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC :	2002	PAGE	8,051
MOP024	FEE-FOR-SERVICE/DENTAL										/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	OR 37 MN -	LTNG - F	'AMILIES		DISCON	JTIN				
								√VILI.	TV 717ED7	~ II.	

		OR DAYS OF CARE				PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
	0	0										
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	•			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	<u>^</u>		.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	_		.00	_	.00	.000	_	.00	_	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0					.00			.00		.00
#CALIF DEPT OF HEALTH SERV			ES MOI	NTH-OF-PAYM								
	FEE-FOR-SERVICE			.,		0111	1011 01111 1	002 111110		2002		01/17/03
		ICES FOR 37 MN -	LTNG	- FAMILIES			DISCONT	TN				01/1//00
HOWIERED COONTI	DOIMMIN OF BENTY	TODO TOR 37 PHV	штио	111111110					ОИТ	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDIT	URES	ΔVF						
00 2110120	30110	OR DAYS OF CARE					UNIT/DAY			USER		
@ALL OTHER PROVIDERS	0	OR DATE OF CARE	\$.00	\$.00	.000				.00
DURABLE MED. EQUIP.	0	0	~		.00	7	.00	.000		.00	۲	.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
DHOOD DVIVI	U	U			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,053
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

----- MONTHLY AVERAGE -----10 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 1,659 3,911 391.100 \$ 356.82 \$ 59196.95 591,969.51 \$ 151.36 8 29 @PHYSICIANS SERVICES \$ 1,434.00 \$ 49.45 2.900 \$ 179.25 \$ 143.40 5.72 OUTPATIENT VISITS 1 1 57.20 57.20 .100 57.20 OFFICE VISITS 1 57.20 57.20 .100 57.20 5.72 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 .000 PREVENTIVE CARE .00 .00 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 OTHER OUTPATIENT 24 1,254.40 179.20 INPATIENT VISITS 52.27 2.400 125.44 13 HOSPITAL VISITS 606.80 46.68 1.300 606.80 60.68 CRITICAL CARE 482.60 96.52 .500 482.60 48.26 SNF/ICF/TRANS IP CARE 165.00 27.50 .600 27.50 16.50 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 .00 .00 EXAMINATIONS .000 .00 .00 .00 .00 SERVICES AND MATERIALS .000 .00 101.46 50.73 .200 101.46 INPATIENT HOSPITAL SURGERY 10.15 PRINCIPAL SURGEON 101.46 50.73 .200 101.46 10.15 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0	.0	0	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.0		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.0		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.0		.00	.000	.00	.00
DIALYSIS	0	0	.0		.00	.000	.00	.00
PATHOLOGY	0	0	.0		.00	.000	.00	.00
RADIOLOGY	0	0	.0		.00	.000	.00	.00
PSYCHIATRY	0	0	.0		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.0		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	2	2	20.9		10.47	.200	10.47	2.09
@PHARMACY	1,248	2,108 \$	279,330.3	8 \$	132.51	210.800	\$ 223.82	\$ 27933.04
PRESCRIPTION DRUGS	1,248	2,108	279,330.3	8	132.51	210.800	223.82	27933.04
SNF/ICF	1,093	1,904	243,677.3	8	127.98	190.400	222.94	24367.74
OUTPATIENTS	159	204	35,653.0	0	174.77	20.400	224.23	3565.30
MEDICAL SUPPLIES	0	0	.0	0	.00	.000	.00	.00
@DENTIST	418	890 \$	40,384.0	0 \$	45.38	89.000	\$ 96.61	\$ 4038.40
VISITS - DIAGNOSTIC	396	693	14,755.0	0	21.29	69.300	37.26	1475.50
ORAL SURGERY	23	59	2,706.0	0	45.86	5.900	117.65	270.60
DRUGS	0	0	.0	0	.00	.000	.00	.00
ANESTHESIA	1	1	100.0	0	100.00	.100	100.00	10.00
PERIODONTICS	3	3	400.0	0	133.33	.300	133.33	40.00
ENDODONTICS	1	3	195.0	0	65.00	.300	195.00	19.50
RESTORATIVE DENTISTRY	8	35	1,163.0	0	33.23	3.500	145.38	116.30
PROSTHETICS	2	2	80.0	0	40.00	.200	40.00	8.00
DENTURES, STAYPLATES	50	93	20,985.0	0	225.65	9.300	419.70	2098.50
SPACE MAINTAINERS	0	0	.0	0	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.0	0	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.0	0	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.0	0	.00	.000	.00	.00
ALL OTHER SERVICES	1	1	.0	0	.00	.100	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	DEC 2002	PAGE 8,054
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03

MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR	38 MEDI	CALLY	Y NEEDY - L'ING			M	∩NI	THLY AVERA	CF	
10 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Z\ 7.7	ERAGE COST				.GE	COST PER
10 EHIGIDHES	ODENO	OR DAYS			EXIENDITORES		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	OIC DIIIO	0	\$.00	\$.00	.000		.00	Ś	.00
DIAGNOSTIC AND ANC. PROCED	0		0	Υ	.00	Υ	.00	.000	۲	.00	Ψ	.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ś	.00	Ġ	.00
VISITS	0		0	٧	.00	٧	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	Ś	.00	Ġ	.00
MEDICINE/INJECTIONS	0		0	٧	.00	٧	.00	.000	Y	.00	Y	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	ċ		ċ	.00	.000	ċ	.00	ċ	.00
NURSE ANESTHESIST	0		0	ب د	.00	\$ \$.00	.000	۶ \$.00	\$.00
	0		0	ې د	.00	۶ \$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	ې د		۶ \$.00		\$		\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	ې د								
FAMILY NURSE PRACTITIONER	3		28	ې د		\$.00 1183.66	.000 2.800	\$.00 11047.51		.00 3314.25
@TOTAL HOSPITAL	ა ე		28	Ą	33,006.16	Ą		2.800	Ą	11047.31	Ą	3314.23
HOSP INPATIENT TOTAL	2		28 27		•		1178.79					3240.00
HSC HOSPITALS	1				32,400.00		1200.00	2.700		16200.00		
NON-HSC HOSPITAL TOTAL	1		1		606.16		606.16	.100		606.16		60.62
ACCOMMODATIONS	1		1		230.29		230.29	.100		230.29		23.03
ADMINISTRATIVE DAYS	1		1		230.29		230.29	.100		230.29		23.03
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		375.87		.00	.000		375.87		37.59
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		•		136.38		.00	.000		.00		13.64
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0	_	136.38	_	.00	.000	_	.00	_	13.64
@COUNTY HOSPITAL TOTAL	3		28	\$		Ş	1182.64		Ş	11038.02	Ş	3311.41
CO HOSPITAL INPATIENT TOTAL	3		28		33,006.16		1178.79	2.800		11002.05		3300.62
HSC HOSPITALS	2		27		32,400.00		1200.00	2.700		16200.00		3240.00
NON-HSC HOSPITALS TOTAL	1		1		606.16		606.16	.100		606.16		60.62
ACCOMMODATIONS	1		1		230.29		230.29	.100		230.29		23.03
ADMINISTRATIVE DAYS	1		1		230.29		230.29	.100		230.29		23.03
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	1		0		375.87		.00	.000		375.87		37.59
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		107.89		.00	.000		.00		10.79
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY

FEE-FOR-SERVICE/DENIAL
SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG
----- MONTHLY AVERAGE -----10 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER @COMMUNITY HOSPITAL TOTAL PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED QNURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACIL.-DD ICF DDH .000 .000 .000 .000 \$ Ω .00 .00 ICF DD .00 .00 ICF DDN/DDCN 0 .00 .00 .00 .00 0 0 0 0 .00 \$ @HEMODIALYSIS TOTAL .00 .00 \$.00 0 HOSPITAL BASED .00 .00 .00 .00 HOSPITAL BASED
HEMODIALYSIS CENTER
@REHABILITATION FACILITY Ω .00 .00 .00 .00 .000 \$.00 \$.00 \$.00 . 00 HOSPITAL BASED 0 0 .00 . 00 . 00 . 00 0 . 0.0 INDEPENDENT FACILITY .00 . 00 . 000 . 00 @LABORATORY FACILITY 0 .00 \$. 00 .000 \$.00 \$.00 PATHOLOGY XO AND OTHERS .00 .00 .00 .000 .00 .00 @ORGANIZED OUTPATIENT CLINIC 52.82 .00 CLINIC SURGICENTER . 00 HEROIN DETOX CLINIC 0 0 0 .00 .000 .000 .000 RURAL HEALTH CLINIC 7 8 528.15 66.02 .800 75.45 .00 52.82 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,056 MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

							M	ONTHLY AVER	AGE	
10 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	88	222	\$	5,718.26	\$	25.76	22.200	\$ 64.98	\$	571.83
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	2	12		205.45		17.12	1.200	102.73		20.55
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	80	171		2,194.80		12.84	17.100	27.44		219.48
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
ORTHOTICS	0	0		.00		.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	1	30		3,142.80		104.76	3.000	3142.80		314.28
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	5	9		175.21		19.47	.900	35.04		17.52
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	7	10	\$	442.11	\$	44.21	1.000	\$ 63.16	\$	44.21
<pre>@* TOTALS IN THESE LINES ARE GIVE</pre>	EN AS A SEPAR	ATE INFORMATION I	TEM	ONLY;						
THE AMOUNTS ARE ALREADY INCLUD	DED IN THE AP	PROPRIATE DETAIL	LINE	S ABOVE.						

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,057 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

						MO	NTHLY AVERA	GE
91 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,331	8,965	\$	678,615.19	\$ 75.70	98.516	\$ 203.73	\$ 7457.31
@PHYSICIANS SERVICES	17	100	\$	3 , 716.59	\$ 37.17	1.099	\$ 218.62	\$ 40.84
OUTPATIENT VISITS	7	12		656.19	54.68	.132	93.74	7.21
OFFICE VISITS	3	5		238.90	47.78	.055	79.63	2.63
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	6		398.09	66.35	.066	99.52	4.37
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1		19.20	19.20	.011	19.20	.21
INPATIENT VISITS	10	62		2,629.15	42.41	.681	262.92	28.89
HOSPITAL VISITS	4	51		1,981.55	38.85	.560	495.39	21.78
CRITICAL CARE	1	5		482.60	96.52	.055	482.60	5.30
SNF/ICF/TRANS IP CARE	6	6		165.00	27.50	.066	27.50	1.81
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	2		101.46		50.73	.022		101.46		1.11
PRINCIPAL SURGEON	1	2		101.46		50.73	.022		101.46		1.11
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	10		70.56		7.06	.110		23.52		.78
RADIOLOGY	2	10		181.56		18.16	.110		90.78		2.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	4	4		77.67		19.42	.044		19.42		.85
@PHARMACY	1,440	2,451	\$	285,732.05	\$				198.43	\$	
PRESCRIPTION DRUGS	1,439	2,350	·	285,591.44	·	121.53	25.824		198.47		3138.37
SNF/ICF	1,060	1,785		213,300.22		119.50	19.615		201.23		2343.96
OUTPATIENTS	385	565		72,291.22		127.95	6.209		187.77		794.41
MEDICAL SUPPLIES	2	101		140.61		1.39	1.110		70.31		1.55
@DENTIST	1,022	3,641	\$	180,525.36	\$	49.58	40.011	\$		\$	1983.80
VISITS - DIAGNOSTIC	766	2,232		34,307.50		15.37	24.527		44.79		377.01
ORAL SURGERY	128	384		16,383.66		42.67	4.220		128.00		180.04
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	7	7		400.00		57.14	.077		57.14		4.40
PERIODONTICS	47	47		6,680.00		142.13	.516		142.13		73.41
ENDODONTICS	37	69		14,687.00		212.86	.758		396.95		161.40
RESTORATIVE DENTISTRY	164	487		45,854.50		94.16	5.352		279.60		503.90
PROSTHETICS	9	11		292.50		26.59	.121		32.50		3.21
DENTURES, STAYPLATES	149	392		61,920.20		157.96	4.308		415.57		680.44
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	12	12		.00		.00	.132		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2002 THRU	DEC	2002	P	AGE 8,058
MOP024	FEE-FOR-SERVICE/DEN'	ΓAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 39 MED	ICAL:	LY NEEDY - AGED							
							M	ONT	HLY AVERA	ιGΕ	

						1.10	OIN 1	TIITI AVEIVA	<u></u>	
91 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	1	\$ 22.59	\$	22.59	.011	\$	22.59	\$.25
DIAGNOSTIC AND ANC. PROCED	1	1	22.59		22.59	.011		22.59		.25
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00

NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	11	59	\$ 45,478.14	\$	770.82	.648 \$	4134.38	\$ 499.76
HOSP INPATIENT TOTAL	5	52	45,151.99		868.31	.571	9030.40	496.18
HSC HOSPITALS	3	39	43,800.00		1123.08	.429	14600.00	481.32
NON-HSC HOSPITAL TOTAL	1	1	559.99		559.99	.011	559.99	6.15
ACCOMMODATIONS	1	1	184.12		184.12	.011	184.12	2.02
ADMINISTRATIVE DAYS	1	1	184.12		184.12	.011	184.12	2.02
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	1	0	375.87		.00	.000	375.87	4.13
INPATIENT CROSSOVERS	1	12	792.00		66.00	.132	792.00	8.70
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	6	7	326.15		46.59	.077	54.36	3.58
MEDICAL	1	1	44.66		44.66	.011	44.66	.49
SURGERY	0	0	.00		.00	.000	.00	.00
PATHOLOGY	3	13	166.34		12.80	.143	55.45	1.83
RADIOLOGY	2	3	83.15		27.72	.033	41.58	.91
ROOM USE	3	3	119.33		39.78	.033	39.78	1.31
CROSSOVERS/ALL OTH OUTPTNT	0	13CR	87.33CF	2	6.72	.143CR	.00	.96CR
@COUNTY HOSPITAL TOTAL	8	42	\$ 34,096.23	\$	811.82	.462 \$	4262.03	\$ 374.68
CO HOSPITAL INPATIENT TOTAL	4	34	33,798.16		994.06	.374	8449.54	371.41
HSC HOSPITALS	2	27	32,400.00		1200.00	.297	16200.00	356.04
NON-HSC HOSPITALS TOTAL	1	1	606.16		606.16	.011	606.16	6.66
ACCOMMODATIONS	1	1	230.29		230.29	.011	230.29	2.53
ADMINISTRATIVE DAYS	1	1	230.29		230.29	.011	230.29	2.53
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00	.00
ANCILLARIES	1	0	375.87		.00	.000	375.87	4.13
INPATIENT CROSSOVERS	1	6	792.00		132.00	.066	792.00	8.70
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	4	8	298.07	37.26	.088	74.52	3.28
MEDICAL	1	1	31.28	31.28	.011	31.28	.34
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	42.05	14.02	.033	42.05	.46
RADIOLOGY	1	2	54.57	27.29	.022	54.57	.60
ROOM USE	2	2	66.22	33.11	.022	33.11	.73
CROSSOVERS/ALL OTH OUTPTNT	0	0	103.95	.00	.000	.00	1.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 8,059
MOP024	FEE-FOR-SERVICE/DENTA	AL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES E	FOR 39 MEDICALL	Y NEEDY - AGED				

MONTEREY COUNTY	SUMMARY OF SERV		39 MEDIC	CALLY	NEEDY - AGED					01/11/03
							MON'	THLY AVERA	GΕ	
91 ELIGIBLES	USERS	UNITS OF S	SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS C				PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3			\$	11,381.91	\$ 669.52		3793.97	\$	
COMM HOSP INPATIENT TOTAL	1		18		11,353.83	630.77	.198	11353.83		124.77
HSC HOSPITALS	1		12		11,400.00	950.00		11400.00		125.27
NON-HSC HOSPITALS TOTAL	0		0		46.17CR		.000	.00		.51CR
ACCOMMODATIONS	0		0		46.17CR	.00	.000	.00		.51CR
ADMINISTRATIVE DAYS	0		0		46.17CR	.00	.000	.00		.51CR
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		6		.00	.00	.066	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2		1CR		28.08	28.08CR	.011CR	14.04		.31
MEDICAL	0		0		13.38	.00	.000	.00		.15
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	2		10		124.29	12.43	.110	62.15		1.37
RADIOLOGY	1		1		28.58	28.58	.011	28.58		.31
ROOM USE	1		1		53.11	53.11	.011	53.11		.58
CROSSOVERS/ALL OTH OUTPTNT	0		13CR		191.28CR		.143CR	.00		2.10CR
@STATE HOSPITAL	0		0	\$		\$.00	.000 \$.00	ċ	.00
MENTALLY ILL	0		0	٧	.00	.00	.000	.00	Y	.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00		.00
@NURSING FACILITY	12		334	\$	37,311.30	\$ 111.71	3.670 \$		ċ	410.01
•	0		0	Ą	•		.000	.00	ې	
LEV A-INTERMEDIATE	0		0		.00	.00				.00
LEV B-REHAB MD	•		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	•		Ü		.00	.00	.000	.00		.00
LEV B-REGULAR	12		334	_	37,311.30	111.71	3.670	3109.28		410.01
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000 \$		Ş	.00
ICF DDH	0		0		.00	.00	.000	.00		.00
ICF DD	0		0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0		0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0		1CR	\$	814.35	\$ 814.35CR	.011CR\$.00	\$	8.95
HOSPITAL BASED	0		0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0		1CR		814.35	814.35CR	.011CR	.00		8.95
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0		0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	2		9	\$	98.05	\$ 10.89	.099 \$	49.03	\$	1.08
PATHOLOGY	2		9		98.05	10.89	.099	49.03		1.08
XO AND OTHERS	0		0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	704	1,	228	\$	84,292.13	\$ 68.64	13.495 \$	119.73	\$	926.29
CLINIC	7		179		3,429.31	19.16	1.967	489.90		37.68

SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

MONIEREI COONII	SOMMANI OF SER	VICES FOR 39 MEDICALLI	NEEDI AGED				
					MON'		
91 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	355	1,143 \$	40,624.63	\$ 35.54	12.560 \$	114.44	\$ 446.42
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	5	157.58	31.52	.055	157.58	1.73
AMBULANCES/AIR TRANS	1	5	157.58	31.52	.055	157.58	1.73
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	2	12	205.45	17.12	.132	102.73	2.26
ADULT DAY HEALTH CARE CTR	20	362	24,069.48	66.49	3.978	1203.47	264.50
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	11	52	4,150.37	79.81	.571	377.31	45.61
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	310	659	8,448.44	12.82	7.242	27.25	92.84
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	1	30	3,142.80	104.76	.330	3142.80	34.54
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	10	23	450.51	19.59	.253	45.05	4.95
@CALIF. CHILDREN SERVICES*	0	5CR \$	275.27CR	\$ 55.05	.055CR\$.00	\$ 3.02CR
@XOVER EXCLUDING STATE HOSP**	13	10 \$	2,097.05	\$ 209.71	.110 \$	161.31	\$ 23.04

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MONTEREY COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,061 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

						MON	THLY AVERA	GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	10	21	\$	1,675.60	\$ 79.79	10.500 \$	167.56	\$ 837.80
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	5	6	\$,007.65	\$	167.94	3.000	\$	201.53	\$	503.83
PRESCRIPTION DRUGS	5	6			,007.65		167.94	3.000		201.53		503.83
SNF/ICF	5	6		1	,007.65		167.94	3.000		201.53		503.83
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0			.00		.00	.000		.00		.00
@DENTIST	1	7	\$		404.00	\$	57.71	3.500	Ş	404.00	Ş	202.00
VISITS - DIAGNOSTIC	1	4			49.00		12.25	2.000		49.00		24.50
ORAL SURGERY	0	0			.00		.00	.000		.00		.00
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00
PERIODONTICS	0	1			200.00		200.00	.500		.00		100.00
ENDODONTICS	0	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	2			155.00		77.50	1.000		.00		77.50
PROSTHETICS	0	U			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	U			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES		0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0 MEDI CAI CEDITO	O O	DEC	MONEII OF D	.00		.00	.000	DEC	.00	ъ.	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITU	により	MONTH-OF-P	AIMENT K.	EPOK]	L FUK JAN	ZUUZ THKU	DFC	2002	P	AGE 8,062
MOP024 MONTEREY COUNTY	FEE-FOR-SERVICE	I/DENTAL /ICES FOR 40 MED	TCNT	TV MEEDV	DITND							01/17/03
MONIEREI COUNTI	SUMMARI OF SEKI	TOES FOR 40 MED	TCAL	TI NEEDI -	חוודידם			M	חותות	TTV ATTEDA	CF .	
02 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPEN	IDITURES	AVF	ERAGE COST	UNITS/DAY				COST PER

02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @OPTOMETRIST 0 0 \$.00 .00 .000 \$.00 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR 0 0 .00 .00 .000 .00 .00 VISITS 0 .00 .00 OTHER SERVICES .000 .00 .00 .00 \$.000 \$ @PODIATRIST .00 .00 \$.00

MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
	0	0 \$.00	\$.00	.000 \$.00	
NURSE MIDWIFE	•	0 \$					
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	U	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
RADIOLOGY	0	0	.00		.000		.00
ROOM USE	0			.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	•	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON					PAGE 8,063
MOP024	FEE-FOR-SERVICE		III OF FAIMENT NE	FORT FOR UAN 2	.002 IIINO DEC	, 2002	01/17/03
MONTEREY COUNTY		ICES FOR 40 MEDICALLY	NEEDY - DIIND				01/11/03
MONIEREI COONII	SUMMARI OF SERV	ICES FOR 40 MEDICALLI	NEEDI - BLIND		MONT	א משעז א זווו	יחי
02 ELICIDIES	HCEDC	UNITS OF SERVICE	EVDENDIMIDEC	AVERAGE COST			
02 ELIGIBLES	USERS		EXPENDITURES				COST PER
ACOMMUNITARY HOODINGS BORGS	^	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	3	3	\$ 223.97	\$	74.66	1.500	\$ 74.66	\$	111.99
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	3	3	223.97		74.66	1.500	74.66		111.99
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	P	AGE 8,064
MOP024	FEE-FOR-SERVICE/DEN	ITAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 40 MEDICA	ALLY NEEDY - BLIND						
						N	MONTHLY AVERA	GE ·	

02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	5 \$	39.98	\$ 8.00	2.500 \$	39.98	\$ 19.99
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	5	39.98	8.00	2.500	39.98	19.99
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,065 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							MO	NTHLY AVERA	AGE
54 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	₹.		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,461	34,785	\$	1,347,084.43	\$	38.73	644.167	\$ 547.37	\$ 24946.01
@PHYSICIANS SERVICES	58	402	\$	17,439.00	\$	43.38	7.444	\$ 300.67	\$ 322.94

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	21	27		1,347.09		49.89	.500		64.15	24.95
OFFICE VISITS	8	11		527.76		47.98	.204		65.97	9.77
HOME VISITS	0	0		.00		.00	.000		.00	.00
EMERGENCY ROOM	9	10		546.83		54.68	.185		60.76	10.13
PREVENTIVE CARE	0	0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	5	6		272.50		45.42	.111		54.50	5.05
INPATIENT VISITS	12	42		2,118.08		50.43	.778		176.51	39.22
HOSPITAL VISITS	10	39		1,625.80		41.69	.722		162.58	30.11
CRITICAL CARE	3	3		492.28		164.09	.056		164.09	9.12
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		51.90		51.90	.019		51.90	.96
EXAMINATIONS	1	1		51.90		51.90	.019		51.90	.96
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	12	84		8,392.62		99.91	1.556		699.39	155.42
PRINCIPAL SURGEON	7	12		5 , 815.76		484.65	.222		830.82	107.70
ASSISTANT SURGEON	1	1		208.49		208.49	.019		208.49	3.86
ANESTHESIOLOGIST	7	71		2,368.37		33.36	1.315		338.34	43.86
OUTPATIENT SURGERY	4	8		993.69		124.21	.148		248.42	18.40
PRINCIPAL SURGEON	3	4		791.71		197.93	.074		263.90	14.66
ASSISTANT SURGEON	0	0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	1	4		201.98		50.50	.074		201.98	3.74
DIALYSIS	5	40		1,898.10		47.45	.741		379.62	35.15
PATHOLOGY	5	34		66.10		1.94	.630		13.22	1.22
RADIOLOGY	14	29		697.68		24.06	.537		49.83	12.92
PSYCHIATRY	0	0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	1	105		.00		.00	1.944		.00	.00
OTHER SERVICES/ALL X-OVERS	16	32		1,873.74		58.55	.593		117.11	34.70
@PHARMACY	1,386	9,885	\$	720,805.66	\$	72.92	183.056	\$	520.06	\$ 13348.25
PRESCRIPTION DRUGS	1,358	3,182		711,659.17		223.65	58.926		524.05	13178.87
SNF/ICF	115	388		61,412.75		158.28	7.185		534.02	1137.27
OUTPATIENTS	1,244	2,794		650,246.42		232.73	51.741		522.71	12041.60
MEDICAL SUPPLIES	65	6,703		9,146.49		1.36	124.130		140.72	169.38
@DENTIST	638	3,025	\$	129,979.16	\$	42.97	56.019	\$		\$ 2407.02
VISITS - DIAGNOSTIC	449	1,751		23,626.27		13.49	32.426		52.62	437.52
ORAL SURGERY	119	396		20,241.00		51.11	7.333		170.09	374.83
DRUGS	3	3		50.00		16.67	.056		16.67	.93
ANESTHESIA	16	16		1,500.00		93.75	.296		93.75	27.78
PERIODONTICS	43	44		7,965.00		181.02	.815		185.23	147.50
ENDODONTICS	38	61		12,192.64		199.88	1.130		320.86	225.79
RESTORATIVE DENTISTRY	182	536		43,176.25		80.55	9.926		237.23	799.56
PROSTHETICS	8	9		210.00		23.33	.167		26.25	3.89
DENTURES, STAYPLATES	48	177		21,018.00		118.75	3.278		437.88	389.22
SPACE MAINTAINERS	0	0		.00		.00	.000		.00	.00
MAXILLOFACIAL SERVICES	3	3		.00		.00	.056		.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00	.00
ALL OTHER SERVICES	14	29		.00		.00	.537		.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		RES	MONTH-OF-PAYMENT R	EPORT	r for Jan	2002 THRU	DEC	2002	PAGE 8,066
MOP024	FEE-FOR-SERVICE/DE	NTAL								01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							[M	DNTHLY AVERA	AGE	
54 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVEF	RAGE COST	UNITS/DAY:	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00		.00

EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00 \$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	\$.00 \$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	·	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	0	0		.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	10	2,577	¢	76,147.59 \$	29.55	47.722		\$	1410.14
NURSE ANESTHESIST	0	0	Ċ	.00 \$.00	.000	\$.00	\$.00
	0	0	\$				·		
NURSE MIDWIFE	· · · · · · · · · · · · · · · · · · ·	0	۶ \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		۶ \$.00 \$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	<u>~</u>	0		.00 \$.00	.000		\$.00
@TOTAL HOSPITAL	58	232	\$	76,043.87 \$	327.78	4.296		Ş	1408.22
HOSP INPATIENT TOTAL	14	107		71,102.45	664.51	1.981	5078.75		1316.71
HSC HOSPITALS	6	31		•	1530.48	.574	7907.50		878.61
NON-HSC HOSPITAL TOTAL	1	22		18,556.38	843.47	.407	18556.38		343.64
ACCOMMODATIONS	1	22		18,556.38	843.47	.407	18556.38		343.64
ADMINISTRATIVE DAYS	0	0		605.62CR	.00	.000	.00		11.22CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	22		19,162.00	871.00	.407	19162.00		354.85
ANCILLARIES	1	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	7	54		5,101.07	94.46	1.000	728.72		94.46
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	45	125		4,941.42	39.53	2.315	109.81		91.51
MEDICAL	11	18		782.87	43.49	.333	71.17		14.50
SURGERY	4	4		277.39	69.35	.074	69.35		5.14
PATHOLOGY	18	43		448.01	10.42	.796	24.89		8.30
RADIOLOGY	14	14		1,234.05	88.15	.259	88.15		22.85
ROOM USE	23	34		1,415.93	41.65	.630	61.56		26.22
CROSSOVERS/ALL OTH OUTPTNT	13	12		783.17	65.26	.222	60.24		14.50
@COUNTY HOSPITAL TOTAL	23	117	\$	13,941.69 \$		2.167		ċ	258.18
CO HOSPITAL INPATIENT TOTAL	8	57	Ą		207.54	1.056	1478.70	ې	219.07
	2	6		11,829.58					
HSC HOSPITALS	0			•	1200.00	.111	3600.00		133.33
NON-HSC HOSPITALS TOTAL	0	0		104.49CR	.00	.000	.00		1.94CR
ACCOMMODATIONS	<u> </u>	0		104.49CR	.00	.000	.00		1.94CR
ADMINISTRATIVE DAYS	0	0		104.49CR	.00	.000	.00		1.94CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	6	51		4,734.07	92.82	.944	789.01		87.67
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	15	60		2,112.11	35.20	1.111	140.81		39.11
MEDICAL	7	8		503.23	62.90	.148	71.89		9.32
SURGERY	1	1		37.66	37.66	.019	37.66		.70
PATHOLOGY	7	19		199.43	10.50	.352	28.49		3.69
RADIOLOGY	4	4		213.41	53.35	.074	53.35		3.95
ROOM USE	8	12		558.49	46.54	.222	69.81		10.34
CROSSOVERS/ALL OTH OUTPINT	7	16		599.89	37.49	.296	85.70		11.11
#CALIF DEPT OF HEALTH SERV		D EXPENDITUR	RES M	MONTH-OF-PAYMENT REPORT				Р	AGE 8,067
MOP024	FEE-FOR-SERVICE/DENTA								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES		CATI	LY NEEDY - DISABLED					,,
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SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED ----- MONTHLY AVERAGE -----

54 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

COMMENDED PROPRETED TOTAL G			OR DAYS OF CARE			DFI	R UNIT/DAY	DER FLIC		USER		ELIGIBLE
MONOPHIC MORPHAILS TOTAL 1	@COMMUNITY HOSPITAL TOTAL	3.5		Ś	62,102.18							
MON-HOSE DESTITALS TOTAL 1 222 18,660.87 848.22 4.07 18669.87 345.57	-			т	•	т			-		7	
NON-HIGH ROSPITALS TOTAL		4										
AMENISTRATIVE DAYS		1	22									
TAMINISTRATIVE DAYS TAMISTRATIVE DAYS AND LATER ACCOM 1 22 19,162.00 071.00 .407 19162.00 344.85 AND LATER ACCOM 1 20 19.00 .710.00 .407 19162.00 344.85 AND LATER ACCOM 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		1										
THANSITIONAL 1F CARE 0 0 0 0,00 0,00 0,00 0,00 0,00 0,00 0		0	0		•	3						9.28CR
ANCLIDARIES 1 0.0 19.0.0		0	0		.00							
MANILLARIES		1	22		19,162.00			.407				
ALL CHER INFATENT	ANCILLARIES	1	0					.000		.00		.00
MBDICAL MBDI	INPATIENT CROSSOVERS	1	3		367.00		122.33	.056		367.00		6.80
MEDICAL 1	ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
MEDICAL 4	COMM HOSP OUTPATIENT TOTAL	30	65		2,829.31		43.53	1.204		94.31		52.39
PATHOLOGY	MEDICAL	4	10				27.96	.185		69.91		5.18
RADIOLOGY ROM USS 15 22 85.74 38.97 4.07 57.6 18.80 CROSSOVERS/ALL OTH OUTPTNT 6 4CR 183.28 45.82CR 0.074CR 30.55 3.39 STATER HOSPITAL 11 354 \$ 200,755.68 \$ 56.11 6.56 \$ 1825.25 \$ 3.77.70 MENTALLY ILL 0 0 0 0 0.00 0.00 0.00 0.00 0.00 DEVELOP, DISABILED 11 354 \$ 200,755.68 \$ 56.11 6.56 8 1825.52 \$ 371.70 RONGSING FACILITY 0 0 0 0 0 0.00 0.00 0.00 0.00 LEV A-INTERRMEDIATE 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REHAB MD 0 0 0 0 0.00 0.00 0.00 0.00 0.00 LEV B-REBISTLONAL B CARRELL B	SURGERY	3	3		239.73		79.91	.056		79.91		4.44
ROOM USE	PATHOLOGY	11	24		248.58		10.36	.444		22.60		4.60
ROOM USE	RADIOLOGY	10	10		1,020.64		102.06	.185		102.06		18.90
STATE HOSPITAL	ROOM USE	15	22					.407		57.16		15.88
MENTALLY ILL 0	CROSSOVERS/ALL OTH OUTPTNT	6	4CR		183.28		45.82CR	.0740	!R	30.55		3.39
DURNABLED 11 354 200,755.68 567.11 6.556 18250.52 3717.70	@STATE HOSPITAL	11	354	\$	200,755.68	\$	567.11	6.556	\$	18250.52	\$	3717.70
Note	MENTALLY ILL	0	0		.00		.00	.000		.00		.00
LEV N-INTERMEDIATE	DEVELOP. DISABLED	11	354		200,755.68		567.11	6.556		18250.52		3717.70
Subscript Subs	@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV B-SUBACUTE FREESTANDING	LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .	LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-SUBACUTE FREESTANDING	0			.00		.00	.000		.00		.00
EVEROULAR	LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
CALIFORM	LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
TOT DDH	LEV B-REGULAR	0	0		.00		.00	.000				.00
Tich DD	@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
TICF DDN/DDCN	ICF DDH		0		.00		.00	.000		.00		.00
### State St	ICF DD	_	0		.00		.00	.000		.00		.00
HOSPITAL BASED	ICF DDN/DDCN	•	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER 8 509 27,275.66 53.59 9.426 3409.46 505.10 @REHABILITATION FACILITY 3 6 4,342.35 \$ 723.73 .111 \$ 1447.45 \$ 80.41 HOSPITAL BASED 3 6 4,342.35 \$ 723.73 .111 \$ 1447.45 \$ 80.41 INDEPENDENT FACILITY 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	@HEMODIALYSIS TOTAL		509	\$	27,275.66	\$	53.59		\$		\$	505.10
GREHABILITATION FACILITY 3 6 \$ 4,342.35 \$ 723.73 .111 \$ 1447.45 \$ 80.41 HOSPITAL BASED 3 6 4,342.35 723.73 .111 1447.45 80.41 INDEPENDENT FACILITY 0 0 .00 .00 .00 .00 .00 GLABORATORY FACILITY 9 84 \$ 975.93 \$ 11.62 1.556 \$ 108.44 \$ 18.07 PATHOLOGY 9 84 \$ 975.93 \$ 11.62 1.556 \$ 108.44 \$ 18.07 XO AND OTHERS 0 0 .00 .00 .00 .00 .00 .00 .00 GORGANIZED OUTPATIENT CLINIC 336 473 \$ 36,121.01 \$ 76.37 8.759 \$ 107.50 \$ 668.91 CLINIC 0 0 0 .00 .00 .00 .00 .00 SURGICENTER 1 13 157.94 12.15 .241 157.94 2.92 RCALIFY DEPT OF HEALTH SERV 335	HOSPITAL BASED						.00	.000		.00		.00
HOSPITAL BASED 3	HEMODIALYSIS CENTER	_			•			9.426		3409.46		505.10
INDEPENDENT FACILITY	@REHABILITATION FACILITY			\$		\$			\$		\$	
GLABORATORY FACILITY 9 84 \$ 975.93 \$ 11.62 1.556 \$ 108.44 \$ 18.07 PATHOLOGY 9 84 975.93 11.62 1.556 108.44 18.07 XO AND OTHERS 0 0 .00 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>												
PATHOLOGY 9 84 975.93 11.62 1.556 108.44 18.07 XO AND OTHERS 0 0 0 0 .00 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 336 473 \$ 36,121.01 \$ 76.37 8.759 \$ 107.50 \$ 668.91 CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 SURGICENTER 0 0 0 0 .00 .00 .00 .00 .00 .00 HEROIN DETOX CLINIC 1 1 13 157.94 12.15 .241 157.94 2.92 RURAL HEALTH CLINIC 335 460 35,963.07 78.18 8.519 107.35 665.98 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,068 MOPO24 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED 54 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER		_										
XO AND OTHERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		_		\$		\$			\$		\$	
@ORGANIZED OUTPATIENT CLINIC 336 473 \$ 36,121.01 \$ 76.37 8.759 \$ 107.50 \$ 668.91 CLINIC 0 0 .00		•										
CLINIC 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00												
SURGICENTER 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 HEROIN DETOX CLINIC 1 1 13 157.94 12.15 .241 157.94 2.92 RURAL HEALTH CLINIC 335 460 35,963.07 78.18 8.519 107.35 665.98 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,068 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONTEREY COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED 54 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE GALL OTHER PROVIDERS 262 17,238 \$ 57,198.52 \$ 3.32 319.222 \$ 218.31 \$ 1059.23 DURABLE MED. EQUIP. 57 213 32,513.20 152.64 3.944 570.41 602.10	-			Ş	•	Ş			Ş		Ş	
HEROIN DETOX CLINIC RURAL HEALTH CLINIC ROPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,068 MOP024 MONTEREY COUNTY ROPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,068 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE QALL OTHER PROVIDERS DURABLE MED. EQUIP. STORY		-										
RURAL HEALTH CLINIC 335 460 35,963.07 78.18 8.519 107.35 665.98 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,068 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONTEREY COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED 54 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 262 17,238 \$ 57,198.52 \$ 3.32 319.222 \$ 218.31 \$ 1059.23 DURABLE MED. EQUIP. 57 213 32,513.20 152.64 3.944 570.41 602.10		0										
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,068 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED 54 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 262 17,238 \$ 57,198.52 \$ 3.32 319.222 \$ 218.31 \$ 1059.23 DURABLE MED. EQUIP. 57 213 32,513.20 152.64 3.944 570.41 602.10		1										
MOPTEREY COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED 54 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OALL OTHER PROVIDERS DURABLE MED. EQUIP. FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED EXPENDITURES EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE 602.10											_	
MONTEREY COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED MONTHLY AVERAGE 54 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE QALL OTHER PROVIDERS DURABLE MED. EQUIP. 57 213 32,513.20 152.64 3.944 570.41 602.10				ES M	ONTH-OF-PAYMENT RE	POR'	I FOR JAN 2	2002 THRU	DEC	2002	Ρ.	
Control Cont				~ 3 1								01/1//03
54 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE @ALL OTHER PROVIDERS 262 17,238 \$ 57,198.52 \$ 3.32 319.222 \$ 218.31 \$ 1059.23 DURABLE MED. EQUIP. 57 213 32,513.20 152.64 3.944 570.41 602.10	MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 41 MEDIC	САЬЬ.	Y NEEDY - DISABLED	J		3.4		111 1/ N 1/12 7 7	CE	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 262 17,238 \$ 57,198.52 \$ 3.32 319.222 \$ 218.31 \$ 1059.23 DURABLE MED. EQUIP. 57 213 32,513.20 152.64 3.944 570.41 602.10	EA ELICIPIES	HOEDO	IINITHO OF CERTIFOR		EADEMDIMIDEO	71 7 7						
@ALL OTHER PROVIDERS 262 17,238 \$ 57,198.52 \$ 3.32 319.222 \$ 218.31 \$ 1059.23 DURABLE MED. EQUIP. 57 213 32,513.20 152.64 3.944 570.41 602.10	24 ELIGIBLES	USEKS			EXPENDITURES							
DURABLE MED. EQUIP. 57 213 32,513.20 152.64 3.944 570.41 602.10	ANII OTHER DROWING	262			57 100 50							
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	PHOOD DAME	J	O		• 0 0		• 0 0	.000		.00		• 0 0

HEARING AID DISPENSERS	1	3		16.28	5.43	.056	16.28	.30
MEDICAL TRANSPORTATION	5	120		4,043.42	33.70	2.222	808.68	74.88
AMBULANCES/AIR TRANS	5	119		2,243.42	18.85	2.204	448.68	41.54
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.019	1800.00	33.33
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	14	63		6 , 988.57	110.93	1.167	499.18	129.42
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	163	361		4,373.07	12.11	6.685	26.83	80.98
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	6	46		4,852.81	105.50	.852	808.80	89.87
PROSTHETICS	6	46		4,852.81	105.50	.852	808.80	89.87
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	230		835.13	3.63	4.259	119.30	15.47
EPSDT SUPPLEMENTAL SERVICE	3	59		1,705.78	28.91	1.093	568.59	31.59
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	14	16,143		1,870.26	.12	298.944	133.59	34.63
@CALIF. CHILDREN SERVICES*	179	25 , 396	\$	230,661.68	\$	470.296 \$	1288.61	\$ 4271.51
@XOVER EXCLUDING STATE HOSP**	9	20CR	\$	15,874.01	\$ 793.70CR	.370CR\$	1763.78	\$ 293.96

 $[\]ensuremath{\text{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,069
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY	SUMMARY OF SERV	/ICES FOR 42 MEDI	CALLY	NEEDY - FAMILIES	3		M	חות	HIV MUERA	CF	
100,318 ELIGIBLES	USERS	UNITS OF SERVICE	!	EXPENDITURES	ΔV	ERAGE COST				.GĽ	COST PER
100,010 HH101BH10	ODLING	OR DAYS OF CARE		EMI ENDITORED		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	4	12	\$	318.08	\$	26.51	.000		79.52	\$.00
DIAGNOSTIC AND ANC. PROCED	4	4	·	189.80		47.45	.000		47.45	·	.00
EYE APPLIANCES	4	8		128.28		16.04	.000		32.07		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	·	.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	47.54	\$	47.54	.000	\$	47.54	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	1	1		47.54		47.54	.000		47.54		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	439	653	\$	42,489.06	\$	65.07	.007	\$	96.79	\$.42
NURSE ANESTHESIST	0	0	\$		\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
@TOTAL HOSPITAL	7,064	0 0 27,391	\$	8,692,019.44	\$			\$	1230.47	\$	86.64
HOSP INPATIENT TOTAL	1,384	5,660		8,096,769.22		1430.52	.056		5850.27		80.71
HSC HOSPITALS	1,102	4,532		5,728,428.45		1264.00	.045		5198.21		57.10
NON-HSC HOSPITAL TOTAL	289	1,128		2,368,340.77		2099.59	.011		8194.95		23.61
ACCOMMODATIONS	286	1,128				733.04	.011		2891.16		8.24
ADMINISTRATIVE DAYS	2	9		1,389.94		154.44	.000		694.97		.01
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	284	1,119		825,481.68		737.70	.011		2906.63		8.23
ANCILLARIES	289	0		1,541,469.15		.00	.000		5333.80		15.37
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,096	21,731		595,250.22		27.39	.217		97.65		5.93
MEDICAL	510	741		41,558.04		56.08	.007		81.49		.41
SURGERY	229	288		14,956.69		51.93	.003		65.31		.15
PATHOLOGY	3,287	11,052		132,912.53		12.03 82.12	.110		40.44		1.32 1.23
RADIOLOGY	1,201	1,497		122,929.06			.015		102.36 52.13		1.23
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	3,117 2,127	4,428 3,725		162,485.28 120,408.62		36.69 32.32	.044		56.61		1.02
@COUNTY HOSPITAL TOTAL	4,151	14,825	\$		Ċ	240.25	.148	Ċ		Ċ	35.50
CO HOSPITAL INPATIENT TOTAL	866	2,721	Ų	3,273,181.66	۲	1202.93	.027	ې	3779.66	۲	32.63
HSC HOSPITALS	866	2,714		3,271,224.90		1202.33	.027		3777.40		32.61
NON-HSC HOSPITALS TOTAL	1	2 , /14		1,956.76		279.54	.000		1956.76		.02
ACCOMMODATIONS	1	7		1,595.88		227.98	.000		1595.88		.02
ADMINISTRATIVE DAYS	1	7		1,595.88		227.98	.000		1595.88		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		360.88		.00	.000		360.88		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	3,528	12,104		288,498.54		23.83	.121		81.77		2.88
MEDICAL	160	209		9,103.58		43.56	.002		56.90		.09
SURGERY	100	133		4,812.63		36.19	.001		48.13		.05
PATHOLOGY	1,728	5,843		67,325.21		11.52	.058		38.96		.67
RADIOLOGY	622	747		49,957.33		66.88	.007		80.32		.50
ROOM USE	2,120	3,140		109,527.45		34.88	.031		51.66		1.09

CROSSOVERS/ALL OTH OUTPTNT 1,296 2,032 47,772.34 23.51 .020 36.86 .48 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,071

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

MONTERET COUNTY	SUMMARY OF SERV	ICES FOR 42 MEDICA	АЬЬІ	NEEDI - FAMILIES		3.44	ONTEST.	T. 1. 3. 7. T.	с п	
100,318 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MO		LY AVERA OST PER		COST PER
100,310 ELIGIBLES	USERS			EXPENDITURES	PER UNIT/DAY		5 C			
ACOMMINITAL HOCDITAL HORAL	3,054	OR DAYS OF CARE 12,566	\$	E 120 220 24	\$ 408.27		ć	USER 1679.88		ELIGIBLE 51.14
@COMMUNITY HOSPITAL TOTAL	•		P	5,130,339.24	•	.125 .029			Ş	48.08
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	526 242	2,939 1,818		4,823,587.56 2,457,203.55	1641.23 1351.60	.029		9170.32 0153.73		24.49
	288					.010				23.59
NON-HSC HOSPITALS TOTAL	285 285	1,121		2,366,384.01	2110.96			8216.61		
ACCOMMODATIONS		1,121		825,275.74	736.20	.011		2895.70	Б	8.23
ADMINISTRATIVE DAYS	1	2		205.94CR		.000		205.94C	K	.00
TRANSITIONAL IP CARE	•	1 110		.00	.00	.000		.00		.00
ALL OTHER ACCOM	284	1,119		825,481.68	737.70	.011		2906.63		8.23
ANCILLARIES	288	0		1,541,108.27	.00	.000		5351.07		15.36
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT		•		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,661	9,627		306,751.68	31.86	.096		115.28		3.06
MEDICAL	351	532		32,454.46	61.00	.005		92.46		.32
SURGERY	129	155		10,144.06	65.45	.002		78.64		.10
PATHOLOGY	1,584	5,209		65,587.32	12.59	.052		41.41		.65
RADIOLOGY	581	750		72,971.73	97.30	.007		125.60		.73
ROOM USE	1,016	1,288		52,957.83	41.12	.013		52.12		.53
CROSSOVERS/ALL OTH OUTPTNT		1,693		72,636.28	42.90	.017		85.96		.72
@STATE HOSPITAL	0		\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	1		\$	2,995.46	\$ 115.21	.000	\$		\$.03
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	1	26		2,995.46	115.21	.000		2995.46		.03
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	27	, -	\$	125,217.54	\$ 74.71	.017			\$	1.25
HOSPITAL BASED	5	203		78,231.34	385.38	.002		5646.27		.78
HEMODIALYSIS CENTER	22	1,473		46,986.20	31.90	.015		2135.74		.47
@REHABILITATION FACILITY	38		\$	6,057.54	\$ 17.66	.003	\$		\$.06
HOSPITAL BASED	24	4 4		2,091.93	47.54	.000		87.16		.02
INDEPENDENT FACILITY	14	299		3 , 965.61	13.26	.003		283.26		.04
@LABORATORY FACILITY	1,821	3,893	\$	96,105.50	\$ 24.69	.039	\$	52.78	\$.96
PATHOLOGY	1,821	3 , 893		96,105.50	24.69	.039		52.78		.96
XO AND OTHERS	0	0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	33,247	54,917	\$	4,411,345.29	\$ 80.33	.547	\$	132.68	\$	43.97
CLINIC	465	1,736		44,730.57	25.77	.017		96.19		.45
SURGICENTER	0	0		.00	.00	.000		.00		.00
HEROIN DETOX CLINIC	2	35		394.18	11.26	.000		197.09		.00
RURAL HEALTH CLINIC	32 , 793	53,146		4,366,220.54	82.16	.530		133.14		43.52
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU	DEC	2002	P	PAGE 8,072
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 42 MEDICA	ALLY	NEEDY - FAMILIES						

						MON	THLY AVERA	GE -	
100,318 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	CLIGIBLE
@ALL OTHER PROVIDERS	6,614	28 , 855	\$	445,609.39	\$ 15.44	.288 \$	67.37	\$	4.44
DURABLE MED. EQUIP.	79	450		43,102.06	05 70	.004	545.60		.43
BLOOD BANK	0	0		.00			.00		.00
HEARING AID DISPENSERS	33	110		12,793.67	.00 116.31 17.33	.001	.00 387.69 506.68		.13
MEDICAL TRANSPORTATION	158	4,620		80,056.07	17.33	.046	506.68		.80
AMBULANCES/AIR TRANS	155	4,602		51,331.07	11.15	.046	331.17		.51
OTHER TRANS	0	0			0.0	0.00	.00		.00
OTHER SERVICES	18	18		.00 28,725.00	1595.83	.000	1595.83		.29
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	1,218	1,223		99,428.50	81.30	.012	81.63		.99
IHMC, MODEL-NF, NF, AIDS, MSSP		0		.00	.00		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	2,024	4,278		43,280.44	10.12	.043	21.38		.43
PHYSICAL THERAPIST	234	614		37,206.20	60.60	.006	21.38 159.00		.37
PORTABLE X-RAY	1	1		17.30	17.30	.000	17.30		.00
PROSTHETIST/ORTHOTISTS	87	318		27,501.54	86.48	.003	316.11		.27
PROSTHETICS	47 51	263		22,042.65	83.81	.003	468.99		.22
ORTHOTICS	51	55		5,458.89	99.25	.001	107.04		.05
PSYCHOLOGIST	6 10	14		797.79	56.99 47.27	.000	132.97		.01
SPEECH AND AUDIOLOGY	10	25		1,181.82	47.27	.000	118.18		.01
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS		0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	2,822	10,834		98,984.80	9.14	.108	35.08		.99
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	9	6,368		1,259.20	.20	.063	139.91		.01
@CALIF. CHILDREN SERVICES*	1 , 957	21,484	\$	4,033,893.89	\$ 187.76	.214 \$	2061.26	\$	40.21
@XOVER EXCLUDING STATE HOSP**		35	\$	970.94	\$ 27.74	.000 \$	194.19	\$.01
0* TOTALS IN THESE LINES ARE	GIVEN AS A SEPA	RATE INFORMATION	ITEM	ONLY;					
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE A	PPROPRIATE DETAIL	LINE	S ABOVE.					
** THESE DATA ARE INCLUDED II	N THE APPROPRIAT	TE DETAIL LINES A	BOVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PA	AGE 8,073
MOP024	FEE-FOR-SERVICE	E/DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	VICES FOR 43 MED	ICALL	Y NEEDY					
						MON	THLY AVERA	GE -	
100 465 ELIGIBLES	HSERS	INITS OF SERVIC	E	EXPENDITIBES	AVERAGE COST	PYAG/PTIMII	COST PER	C	OST PER

						MC	NTHLY AVERA	GE ·	
100,465 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	73,427	293 , 880	\$	21,262,707.40	\$ 72.35	2.925	\$ 289.58	\$	211.64
@PHYSICIANS SERVICES	7,053	21,304	\$	1,716,522.42	\$ 80.57	.212	\$ 243.37	\$	17.09
OUTPATIENT VISITS	3,318	5 , 936		247,934.24	41.77	.059	74.72		2.47
OFFICE VISITS	542	673		29,923.55	44.46	.007	55.21		.30
HOME VISITS	6	6		281.24	46.87	.000	46.87		.00
EMERGENCY ROOM	1,552	1,698		87 , 528.27	51.55	.017	56.40		.87
PREVENTIVE CARE	5	5		236.15	47.23	.000	47.23		.00
OB VISITS/COMPRE PERI	1,001	3,154		114,627.79	36.34	.031	114.51		1.14
OTHER OUTPATIENT	355	400		15,337.24	38.34	.004	43.20		.15
INPATIENT VISITS	1,488	4,819		400,412.14	83.09	.048	269.09		3.99
HOSPITAL VISITS	1,321	3,228		152,003.23	47.09	.032	115.07		1.51
CRITICAL CARE	251	1,584		248,216.41	156.70	.016	988.91		2.47
SNF/ICF/TRANS IP CARE	7	7		192.50	27.50	.000	27.50		.00
OPHTHALMOLOGICAL SERVICES	35	51		2,858.82	56.06	.001	81.68		.03

EXAMINATIONS	35	51	2,858.82	56.06	.001	81	.68	.03
SERVICES AND MATERIALS	0	0	.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	1,234	3,465	629,659.48	181.72	.034	510	.26	6.27
PRINCIPAL SURGEON	995	1,081	552,583.61	511.18	.011	555	.36	5.50
ASSISTANT SURGEON	75	76	12,961.24	170.54	.001	172	.82	.13
ANESTHESIOLOGIST	287	2,308	64,114.63	27.78	.023	223	.40	.64
OUTPATIENT SURGERY	426	844	79,653.83	94.38	.008	186	.98	.79
PRINCIPAL SURGEON	380	479	68,685.73	143.39	.005	180	.75	.68
ASSISTANT SURGEON	1	1	148.92	148.92	.000	148	.92	.00
ANESTHESIOLOGIST	121	364	10,819.18	29.72	.004	8.9	.41	.11
DIALYSIS	16	96	5,490.56	57.19	.001	343	.16	.05
PATHOLOGY	679	1,207	20,804.89	17.24	.012	30	.64	.21
RADIOLOGY	1,919	2,805	94,517.78	33.70	.028	4.9	.25	.94
PSYCHIATRY	1	3	130.26	43.42	.000	130	.26	.00
IMMUNIZATION AND INJECTION	128	408	3,487.94	8.55	.004	27	.25	.03
OTHER SERVICES/ALL X-OVERS	949	1,670	231,572.48	138.67	.017	244	.02	2.31
@PHARMACY	8,281	25 , 038	\$ 1,608,666.23	\$ 64.25	.249	\$ 194	.26	\$ 16.01
PRESCRIPTION DRUGS	8,098	15 , 405	1,535,491.50	99.67	.153	189	.61	15.28
SNF/ICF	1,188	2,193	276,666.85	126.16	.022	232	.88	2.75
OUTPATIENTS	6 , 918	13,212	1,258,824.65	95.28	.132	181	.96	12.53
MEDICAL SUPPLIES	469	9,633	73,174.73	7.60			.02	.73
@DENTIST	19,235	105,517	\$ 3,427,548.16	\$ 32.48	1.050	\$ 178	.19	\$ 34.12
VISITS - DIAGNOSTIC	13,911	64,842	829,680.36	12.80	.645	59	.64	8.26
ORAL SURGERY	2,599	5,439	311,186.31	57.21	.054	119	.73	3.10
DRUGS	2,746	3,114	69,906.08	22.45		25	.46	.70
ANESTHESIA	225	238	21,150.00	88.87	.002	94	.00	.21
PERIODONTICS	716	745	119,276.05	160.10	.007	166	.59	1.19
ENDODONTICS	1,842	3,678	388,734.90	105.69	.037	211	.04	3.87
RESTORATIVE DENTISTRY	7 , 595	25 , 293	1,475,846.07	58.35	.252	194	.32	14.69
PROSTHETICS	60	64	1,595.00	24.92	.001	26	.58	.02
DENTURES, STAYPLATES	325	1,108	138,565.70	125.06	.011	426	.36	1.38
SPACE MAINTAINERS	158	187	20,464.37	109.44	.002	129	.52	.20

MAXILLOFACIAL SERVICES	38	41	1,740.00	42.44	.000	45.79		.02
FRACTURES, DISLOCATIONS	2	4	3,018.75	754.69	.000	1509.38		.03
ORTHODONTIC SERVICES	434	539	45,909.57	85.18	.005	105.78		.46
ALL OTHER SERVICES	188	225	475.00	2.11	.002	2.53		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU I	DEC 2002	PAGE	8,074
MOP024	FEE-FOR-SERVICE/DENTA	L					01	/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES F	OR 43 MEDICA	LLY NEEDY					

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 43 MED	ICALLY	Y NEEDY							
400 455			_				MC			GE	
100,465 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES		ERAGE COST		3			COST PER
		OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	5	13	\$	340.67	\$	26.21	.000	\$	68.13	Ş	.00
DIAGNOSTIC AND ANC. PROCED	5	5		212.39		42.48	.000		42.48		.00
EYE APPLIANCES	4	8		128.28		16.04	.000		32.07		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	1	1	\$	47.54	\$	47.54	.000	\$	47.54	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	1	1		47.54		47.54	.000		47.54		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	449	3,230	\$		\$	36.73	.032	Ś	264.22	\$	1.18
NURSE ANESTHESIST	0	0	\$.00	Ś	.00		\$.00	Ś	.00
NURSE MIDWIFE	0	0	\$.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	Õ	\$.00	\$.00	.000	Ś	.00	\$.00
FAMILY NURSE PRACTITIONER	. 0	0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	7,133	27,682	\$		\$	318.39		Ś	1235.60	Ś	87.73
HOSP INPATIENT TOTAL	1,403	5,819	Y	8,213,023.66	Ÿ	1411.41	.058	Y	5853.90	Ÿ	81.75
HSC HOSPITALS	1,111	4,602		5,819,673.45		1264.60	.046		5238.23		57.93
NON-HSC HOSPITAL TOTAL	291	1,151		2,387,457.14		2074.25	.011		8204.32		23.76
	288	1,151		845,612.12		734.68	.011		2936.15		8.42
ACCOMMODATIONS	3	1,131		968.44		96.84	.000		322.81		.01
ADMINISTRATIVE DAYS	3	- *									
TRANSITIONAL IP CARE		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	285	1,141		844,643.68		740.27	.011		2963.66		8.41
ANCILLARIES	291	0		1,541,845.02		.00	.000		5298.44		15.35
INPATIENT CROSSOVERS	8	66		5,893.07		89.29	.001		736.63		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	6,147	21,863		600,517.79		27.47	.218		97.69		5.98
MEDICAL	522	760		42,385.57		55.77	.008		81.20		.42
SURGERY	233	292		15,234.08		52.17	.003		65.38		.15
PATHOLOGY	3,308	11,108		133,526.88		12.02	.111		40.36		1.33
RADIOLOGY	1,217	1,514		124,246.26		82.06	.015		102.09		1.24
ROOM USE	3,143	4,465		164,020.54		36.73	.044		52.19		1.63
CROSSOVERS/ALL OTH OUTPINT	2,140	3,724		121,104.46		32.52	.037		56.59		1.21
@COUNTY HOSPITAL TOTAL	4,182	14,984	\$	3,609,718.12	\$.149	\$	863.16	\$	35.93
CO HOSPITAL INPATIENT TOTAL		2,812		3,318,809.40		1180.23	.028		3779.97		33.03
HSC HOSPITALS	870	2,747		3,310,824.90		1205.25	.027		3805.55		32.96
NON-HSC HOSPITALS TOTAL	2	8		2,458.43		307.30	.000		1229.22		.02
ACCOMMODATIONS	2	8		1,721.68		215.21	.000		860.84		.02
ADMINISTRATIVE DAYS	2	8		1,721.68		215.21	.000		860.84		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	2	0		736.75		.00	.000		368.38		.01
INPATIENT CROSSOVERS	7	57		5,526.07		96.95	.001		789.44		.06
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
		•									

CO HOSP OUTPATIENT TOTAL 3,547 12,172 290,908.72 23.90 .121 82.02 2.90 MEDICAL 168 218 9,638.09 44.21 .002 57.37 .10 SURGERY 101 134 4,850.29 36.20 .001 48.02 .05 PATHOLOGY 1,766 5,865 67,566.69 11.52 .058 38.92 .67 RADIOLOGY 627 753 50,225.31 66.70 .007 80.10 .50 ROOM USE 2,130 3,154 110,152.16 34.92 .031 51.71 1.10 CROSSOVERS/ALL OTH OUTPINT 1,303 2,048 48,476.18 23.67 .020 37.20 .48 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,075 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY											
MEDICAL 168 218 9,638.09 44.21 .002 57.37 .10 SURGERY 101 134 4,850.29 36.20 .001 48.02 .05 PATHOLOGY 1,736 5,865 67,566.69 11.52 .058 38.92 .67 RADIOLOGY 627 753 50,225.31 66.70 .007 80.10 .50 ROOM USE 2,130 3,154 110,152.16 34.92 .031 51.71 1.10 CROSSOVERS/ALL OTH OUTPINT 1,303 2,048 48,476.18 23.67 .020 37.20 .48 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,075 MOP024 FEE-FOR-SERVICE/DENTAL SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY MONTEREY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY	CO HOSP OUTPATIENT TOTAL	3,547	12.172		290,908.72		23.90	.121	82.02		2.90
SURGERY 101 134 4,850.29 36.20 .001 48.02 .05 PATHOLOGY 1,736 5,865 67,566.69 11.52 .058 38.92 .67 RADIOLOGY 627 753 50,225.31 66.70 .007 80.10 .50 ROOM USE 2,130 3,154 110,152.16 34.92 .031 51.71 1.10 CROSSOVERS/ALL OTH OUTPINT 1,303 2,048 48,476.18 23.67 .020 37.20 .48 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,075 MOP024 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY MONTHLY AVERAGE					0 (20 00		44 01				
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,075 MOP024 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY MONTHLY AVERAGE					4.850.29		36.20				
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,075 MOP024 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY MONTHLY AVERAGE					67.566.69		11.52				
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,075 MOP024 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY MONTHLY AVERAGE			•		50.225.31		66.70				
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,075 MOP024 FEE-FOR-SERVICE/DENTAL MONTEREY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY MONTHLY AVERAGE					110,152.16		34.92				
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,075 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONTEREY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY MONTHLY AVERAGE	CROSSOVERS/ALL OTH OUTPINT		•		48,476.18		23.67				. 48
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONTEREY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY MONTHLY AVERAGE				ES MO						PA	
MONTHLY AVERAGE	MOP024	FEE-FOR-SERVIC	E/DENTAL								
	MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 43 MEDI	CALLY	NEEDY						
100 405								MON	THLY AVERAG	GE -	
100,465 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	100,465 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER	С	OST PER
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE			OR DAYS OF CARE	1		PE:	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL 3,092 12,698 \$ 5,203,823.33 \$ 409.81 .126 \$ 1683.00 \$ 51.80	@COMMUNITY HOSPITAL TOTAL	3,092	12,698	\$	5,203,823.33	\$	409.81	.126 \$	1683.00	\$	51.80
COMM HOSP INPATIENT TOTAL 533 3,007 4,894,214.26 1627.61 .030 9182.39 48.72	COMM HOSP INPATIENT TOTAL		•		4,894,214.26		1627.61	.030			
COMM HOSP INPATIENT TOTAL 533 3,007 4,894,214.26 1627.61 .030 9182.39 48.72 HSC HOSPITALS 247 1,855 2,508,848.55 1352.48 .018 10157.28 24.97			1,855		2,508,848.55		1352.48	.018			
NON-HSC HOSPITALS TOTAL 289 1,143 2,384,998./1 2080.61 .011 8252.59 23./4					Z,384,998./I		2086.61	. 011			
ACCOMMODATIONS 286 1,143 843,890.44 738.31 .011 2950.67 8.40			•								
ADMINISTRATIVE DAYS 1 2 753.24CR 376.62CR .000 753.24CR .01CR						2				}	
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00			•								
ALL OTHER ACCOM 285 1,141 844,643.68 740.27 .011 2963.66 8.41		285	•								
ANCILLARIES 289 0 1,541,108.27 .00 .000 5332.55 15.34			_								
INPATIENT CROSSOVERS 1 9 367.00 40.78 .000 367.00 .00											
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00		•									
COMM HOSP OUTPATIENT TOTAL 2,693 9,691 309,609.07 31.95 .096 114.97 3.08											
MEDICAL 355 542 32,747.48 60.42 .005 92.25 .33											
SURGERY 132 158 10,383.79 65.72 .002 78.67 .10											
PATHOLOGY 1,597 5,243 65,960.19 12.58 .052 41.30 .66		•	•		•						
RADIOLOGY 592 761 74,020.95 97.27 .008 125.04 .74											
ROOM USE 1,032 1,311 53,868.38 41.09 .013 52.20 .54		•	•								
CROSSOVERS/ALL OTH OUTPTNT 851 1,676 72,628.28 43.33 .017 85.34 .72			•							<u>^</u>	
@STATE HOSPITAL 11 354 \$ 200,755.68 \$ 567.11 .004 \$ 18250.52 \$ 2.00 MENTALLY ILL 0 0 .00 .00 .00 .00 .00 .00	• -			Ş		Ş				Þ	
· · · · · · · · · · · · · · · · · · ·		•	· ·								
DEVELOP. DISABLED 11 354 200,755.68 567.11 .004 18250.52 2.00 @NURSING FACILITY 13 360 \$ 40.306.76 \$ 111.96 004 \$ 3100.52 \$ 40				Ċ		Ċ				ċ	

INANSIIIONAL II CANL	O	U	.00	.00	.000	.00	. 0 0
ALL OTHER ACCOM	285	1,141	844,643.68	740.27	.011	2963.66	8.41
ANCILLARIES	289	0	1,541,108.27	.00	.000	5332.55	15.34
INPATIENT CROSSOVERS	1	9	367.00	40.78	.000	367.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2 , 693	9,691	309,609.07	31.95	.096	114.97	3.08
MEDICAL	355	542	32,747.48	60.42	.005	92.25	.33
SURGERY	132	158	10,383.79	65.72	.002	78.67	.10
PATHOLOGY	1,597	5,243	65,960.19	12.58	.052	41.30	.66
RADIOLOGY	592	761	74,020.95	97.27	.008	125.04	.74
ROOM USE	1,032	1,311	53,868.38	41.09	.013	52.20	.54
CROSSOVERS/ALL OTH OUTPTNT	851	1,676	72,628.28	43.33	.017	85.34	.72
@STATE HOSPITAL	11	354	\$ 200,755.68	\$ 567.11	.004	\$ 18250.52	\$ 2.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	354	200,755.68	567.11	.004	18250.52	2.00
@NURSING FACILITY	13	360	\$ 40,306.76	\$ 111.96	.004	\$ 3100.52	\$.40
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	13	360	40,306.76	111.96	.004	3100.52	.40
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	35	2,184	\$ 153,307.55	\$.022	\$ 4380.22	\$ 1.53
HOSPITAL BASED	5	203	78,231.34	385.38	.002	15646.27	.78
HEMODIALYSIS CENTER	30	1,981	75,076.21	37.90	.020	2502.54	.75
@REHABILITATION FACILITY	41	349	\$ 10,399.89	\$ 29.80	.003	\$ 253.66	\$.10
HOSPITAL BASED	27	50	6,434.28	128.69	.000	238.31	.06
INDEPENDENT FACILITY	14	299	3,965.61	13.26	.003	283.26	.04
@LABORATORY FACILITY	1,832	3,986	\$ 97,179.48	\$ 24.38	.040	\$ 53.05	\$.97
PATHOLOGY	1,832	3,986	97,179.48	24.38	.040	53.05	.97
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	34,290	56,621	\$ 4,531,982.40	\$ 80.04	.564	\$ 132.17	\$ 45.11
CLINIC	472	1,915	48,159.88	25.15	.019	102.03	.48

 SURGICENTER
 0
 0
 .00
 .00
 .00
 .00
 .00

 HEROIN DETOX CLINIC
 3
 48
 552.12
 11.50
 .000
 184.04
 .01

 RURAL HEALTH CLINIC
 33,832
 54,658
 4,483,270.40
 82.02
 .544
 132.52
 44.63
 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,076 FEE-FOR-SERVICE/DENTAL 01/17/03 MONTEREY COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,077 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

_____ MONTHIV AMEDICE _____

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 MONTEREY COUNTY

						===== MO	NITLI AVEKA	GE
362 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,057	13,006	\$	531,527.09	\$ 40.87	35.928	\$ 258.40	\$ 1468.31
@PHYSICIANS SERVICES	111	410	\$	42,745.30	\$ 104.26	1.133	\$ 385.09	\$ 118.08
OUTPATIENT VISITS	49	54		2,840.80	52.61	.149	57.98	7.85
OFFICE VISITS	21	23		1,239.51	53.89	.064	59.02	3.42
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	15	16		1,063.00	66.44	.044	70.87	2.94
PREVENTIVE CARE	1	1		65.78	65.78	.003	65.78	.18
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	13	14		472.51	33.75	.039	36.35		1.31
INPATIENT VISITS	17	82		19,030.34	232.08	.227	1119.43		52.57
HOSPITAL VISITS	13	57		3,712.71	65.14	.157	285.59		10.26
CRITICAL CARE	7	25		15,317.63	612.71		2188.23		42.31
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	4	4		161.45	40.36	.011	40.36		.45
EXAMINATIONS	4	4		161.45	40.36	.011	40.36		.45
SERVICES AND MATERIALS	4 0 14	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1 4	108		10,418.87	96.47		744.21		28.78
DDINCIDAL CUDCEON	۵	20		7,914.12	395.71	.055	879.35		21.86
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	9	88		2,504.75	28.46	.243	278.31		6.92
OUTPATIENT SURGERY	1 4	55		6,105.02	111.00	.152	436.07		16.86
PRINCIPAL SURGEON	8	18		4,580.99	254.50	.050	572.62		12.65
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	8	37		1,524.03	41.19	.102			4.21
DIALYSIS	0	0		.00	.00	.000			.00
PATHOLOGY	2	4		7.21	1.80	.011			.02
RADIOLOGY	3.0	44		2,116.50	48.10	.122	70.55		5.85
PSYCHIATRY	0	0		.00	.00	.000			.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000			.00
OTHER SERVICES/ALL X-OVERS	19	59		2,065.11	35.00	.163			5.70
@PHARMACY	168	1,511	Ś	49,514.60		4.174			
PRESCRIPTION DRUGS	154	327	۲	43,638.77	133.45	.903	283.37		120.55
SNF/ICF	0	327		43,636.77	.00	.000			.00
OUTPATIENTS	154	327		43,638.77	133.45	.903			120.55
MEDICAL SUPPLIES	30			5,875.83	4.96	3.271			16.23
		1,184	\$						
@DENTIST	615 462	3,533	Ą	102,885.41		9.760			
VISITS - DIAGNOSTIC	462	2,233		28,982.40	12.98	6.169	62.73		80.06
ORAL SURGERY	83	167		15,105.00	90.45	.461	181.99		41.73
DRUGS	92	105		2,358.75	22.46	.290	25.64		6.52
ANESTHESIA	83 92 15 6 38	15		1,175.00	78.33	.041	78.33		3.25
PERIODONTICS	6	6		1,055.00	175.83	.017	175.83		2.91
ENDODONTICS	38	79		7,054.86	89.30	.218	185.65		19.49
RESTORATIVE DENTISTRY	236	860		41,999.40	48.84	2.376	177.96		116.02
PROSTHETICS	1	1		30.00	30.00	.003	30.00		.08
DENTURES, STAYPLATES	2	12		530.00	44.17		265.00		1.46
SPACE MAINTAINERS	5	5		600.00	120.00	.014	120.00		1.66
MAXILLOFACIAL SERVICES	4	6		300.00	50.00	.017	75.00		.83
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	31	38		3,648.00	96.00	.105	117.68		10.08
ALL OTHER SERVICES	6	6		47.00	7.83	.017	7.83		.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	1 2002 THRU	DEC 2002	F	PAGE 8,078
MOP024	FEE-FOR-SERVICE/DENT								01/17/03

362 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 66.55 \$ @OPTOMETRIST 14 \$ 266.18 \$ 19.01 .039 \$.74 4 DIAGNOSTIC AND ANC. PROCED 2 94.90 47.45 .006 47.45 .26 EYE APPLIANCES 12 171.28 14.27 .033 42.82 .47 .00 .000 .00 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 \$.00 .00 \$.000 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 .00 \$ @PODIATRIST .00 .000 \$.00 \$.00

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

----- MONTHLY AVERAGE -----

MONTEREY COUNTY

MEDICINE/INJECTIONS	0	\cap		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	13	106	Ġ	4,838.79	S	45.65	.293	\$ 372.21	Ś	13.37
NURSE ANESTHESIST	0	100	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
NURSE MIDWIFE	0	0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	Ś	.00	.000	\$.00	Ś	.00
@TOTAL HOSPITAL	86	593	\$	166,237.00	\$	280.33	1.638	\$ 1932.99	Ś	459.22
HOSP INPATIENT TOTAL	10	102	'	145,078.50	'	1422.34	.282	14507.85		400.77
HSC HOSPITALS	10	102		145,078.50		1422.34	.282	14507.85		400.77
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	78	491		21,158.50		43.09	1.356	271.26		58.45
MEDICAL	24	61		3,747.08		61.43	.169	156.13		10.35
SURGERY	4	6		622.10		103.68	.017	155.53		1.72
PATHOLOGY	20	149		1,541.59		10.35	.412	77.08		4.26
RADIOLOGY	29	38		4,719.57		124.20	.105	162.74		13.04
ROOM USE	44	60		2,242.50		37.38	.166	50.97		6.19
CROSSOVERS/ALL OTH OUTPTNT	31	177		8 , 285.66		46.81	.489	267.28		22.89
@COUNTY HOSPITAL TOTAL	21	41	\$	1,258.32	\$	30.69		\$ 59.92	\$	3.48
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	21	41	1,258.32	30.69	.113	59.92	3.48
MEDICAL	4	6	273.06	45.51	.017	68.27	.75
SURGERY	1	1	8.71	8.71	.003	8.71	.02
PATHOLOGY	2	7	143.79	20.54	.019	71.90	.40
RADIOLOGY	11	12	355.30	29.61	.033	32.30	.98
ROOM USE	11	11	433.57	39.42	.030	39.42	1.20
CROSSOVERS/ALL OTH OUTPTNT	3	4	43.89	10.97	.011	14.63	.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 8,079
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 44 MIC - N	O SOC 03 04 2A 45 4A 4K	4M 5K 7	Г 82		
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MONIEREI COONII	SUMMARI OF SER	VICES FOR 44 MIC	- 110	30C 03 04 2A 43 4	TA AR AM JR /I	02	ארחווד אי אנוחוו	CE	
362 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST		NTHLY AVERA		ST PER
207 FFIGIPFS	USEKS	OR DAYS OF CAR		EXPENDITURES	PER UNIT/DAY		USER		IGIBLE
@COMMUNITY HOSPITAL TOTAL	68	552	\$	164,978.68		_	\$ 2426.16		455.74
•	10		ş						400.77
COMM HOSP INPATIENT TOTAL	10	102		145,078.50	1422.34	.282	14507.85		
HSC HOSPITALS		102		145,078.50	1422.34	.282	14507.85	4	400.77
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	60	450		19,900.18	44.22	1.243	331.67		54.97
MEDICAL	20	55		3,474.02	63.16	.152	173.70		9.60
SURGERY	3	5		613.39	122.68	.014	204.46		1.69
PATHOLOGY	18	142		1,397.80	9.84	.392	77.66		3.86
RADIOLOGY	18	26		4,364.27	167.86	.072	242.46		12.06
ROOM USE	33	49		1,808.93	36.92	.135	54.82		5.00
CROSSOVERS/ALL OTH OUTPTNT	28	173		8,241.77	47.64	.478	294.35		22.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	8	49	\$		\$ 22.24	.135		Ś	3.01
HOSPITAL BASED	4	8	т	250.54	31.32	.022	62.64	т	.69
	-	· ·		200.01	01.02	• • • •	02.01		• • •

INDEPENDENT FACILITY	4	41	839.40		20.47	.113	209.85		2.32
@LABORATORY FACILITY	4	7 \$	105.00	\$	15.00	.019	\$ 26.25	\$.29
PATHOLOGY	4	7	105.00		15.00	.019	26.25		.29
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,006	1,578 \$	121,624.68	\$	77.08	4.359	\$ 120.90	\$	335.98
CLINIC	1	5	45.36		9.07	.014	45.36		.13
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1,005	1,573	121,579.32		77.29	4.345	120.97		335.85
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU I	DEC 2002	P7	AGE 8,080
MOP024	FEE-FOR-SERVICE/DEN	NTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 44 MIC -	NO SOC 03 04 2A 45	4A 4K	4M 5K 7	Г 82			

CONTROL OF THE PROPERTY OF ----- MONTHLY AVERAGE -----362 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

					MON	ITHLY AVERA	GE
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	69	549	\$ 123,202.12	\$ 224.41	54.900 \$	1785.54	\$ 12320.21
@PHYSICIANS SERVICES	17	126	\$ 7,259.75	\$ 57.62	12.600 \$	427.04	\$ 725.98

OUTPATIENT VISITS	5	5	458.42	91.68	.500	91.68	45.84
OFFICE VISITS	2	2	293.70	146.85	.200	146.85	29.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	164.72	54.91	.300	54.91	16.47
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	9	75	4,375.03	58.33	7.500	486.11	437.50
HOSPITAL VISITS	9	75	4,375.03	58.33	7.500	486.11	437.50
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	40	2,315.16	57.88	4.000	330.74	231.52
PRINCIPAL SURGEON	4	6	1,168.66	194.78	.600	292.17	116.87
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	5	34	1,146.50	33.72	3.400	229.30	114.65
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0					
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	· ·	o a	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	82.49	82.49	.100	82.49	8.25
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	3	5	28.65	5.73	.500	9.55	2.87
@PHARMACY	1	1 \$	105.10	\$ 105.10		\$ 105.10	•
PRESCRIPTION DRUGS	1	1	105.10	105.10	.100	105.10	10.51
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	1	105.10	105.10	.100	105.10	10.51
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	37	299 \$	3,814.00	\$ 12.76	29.900	\$ 103.08	\$ 381.40
VISITS - DIAGNOSTIC	28	142	264.00	1.86	14.200	9.43	26.40
ORAL SURGERY	9	21	365.00	17.38	2.100	40.56	36.50
DRUGS	12	14	125.00	8.93	1.400	10.42	12.50
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	1	1	24.00	24.00	.100	24.00	2.40
ENDODONTICS	7	26	736.00	28.31	2.600	105.14	73.60
RESTORATIVE DENTISTRY	16	70	2,060.00	29.43	7.000	128.75	206.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	1	3	240.00	80.00	.300	240.00	24.00
MAXILLOFACIAL SERVICES	1	1	.00	.00	.100	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	3	4	.00	.00	.400	.00	.00
ALL OTHER SERVICES	5	17	.00	.00	1.700	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES						PAGE 8,082
MOP024	FEE-FOR-SERVICE/DE				2002 111100 1		01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICE		SOC	AID (CODE		01/11/03
HOWILINGS COOMIT	SOFTHING OF SERVICES	J 1010 10 P110 E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	AID (NTHLY AVERA	GE
10 ELIGIBLES	USERS UN	ITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
TO ETITATION		DAVE OF CARE	TALLINDITONES	AVERAGE COS.		COSI FER	COSI FER

PER UNIT/DAY PER ELIG USER ELIGIBLE

OR DAYS OF CARE

0 \$

0

0

0

@OPTOMETRIST

DIAGNOSTIC AND ANC. PROCED

EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	Ö		.00		.00	.000	.00	.00
OTHER	0	Ö		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$	74.86	\$	74.86	.100		\$ 7.49
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ċ	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	73	\$	110,432.00		1512.77	7.300	\$ 36810.67	\$ 11043.20
HOSP INPATIENT TOTAL	3	73	Y	110,432.00	Y	1512.77	7.300	36810.67	11043.20
HSC HOSPITALS	3	73		110,432.00		1512.77	7.300	36810.67	11043.20
	0	0		•		.00	.000		.00
NON-HSC HOSPITAL TOTAL	0	0		.00				.00	
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0							
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	-	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	_	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	1	15	\$	18,000.00	Ş	1200.00	1.500		\$ 1800.00
CO HOSPITAL INPATIENT TOTAL	1	15		18,000.00		1200.00	1.500	18000.00	1800.00
HSC HOSPITALS	1	15		18,000.00		1200.00	1.500	18000.00	1800.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
	MEDI-CAL SERVICES AND E	XPENDITUF	RES MON	TH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	PAGE 8,083
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	45 MIC	- SOC			AID C	ODE	/ONITHIES	C.T.

		OR DAYS OF CAR	₹		PER UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	58	\$	92,432.00	\$ 1593.66	5.800	\$ 46216.00	\$	9243.20
COMM HOSP INPATIENT TOTAL	2	58		92,432.00	1593.66	5.800	46216.00		9243.20
HSC HOSPITALS	2	58		92,432.00	1593.66	5.800	46216.00		9243.20
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$		00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		00	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	÷ .	00 \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		00	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		00	.00	.000		.00		.00
@LABORATORY FACILITY	0	0 \$		00 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		00	.00	.000		.00		.00
XO AND OTHERS	0	0		00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	13	931.	62 \$	71.66	1.300	\$	103.51	\$	93.16
CLINIC	0	0		00	.00	.000		.00		.00
SURGICENTER	0	0		00	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		00	.00	.000		.00		.00
RURAL HEALTH CLINIC	9	13	931.	62	71.66	1.300		103.51		93.16
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMEN	r report	r for Jan	2002 THRU	DEC :	2002	PP	GE 8,084
MOP024	FEE-FOR-SERVICE/DENTAL	ı								01/17/03
MONIBEDEN COUNTY	CIDMANDIA OF CEDITIONS TO	D AF MITO	000		7.7.0	2000				

MONTEREY COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

								01411		02	
10 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES		RAGE COST	UNITS/DAY	S (COST PER	COST PE	R
		OR DAYS OF CAL	RE		PER	UNIT/DAY	PER ELIG		USER	ELIGIBL	
@ALL OTHER PROVIDERS	7	36	\$	584.79	\$	16.24	3.600	\$	83.54		
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00	.0	0
BLOOD BANK	0	0		.00		.00	.000		.00	.0	0
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00	.0	0
MEDICAL TRANSPORTATION	3	22		426.84		19.40	2.200		142.28	42.6	8
AMBULANCES/AIR TRANS	3	21		426.84		20.33	2.100		142.28	42.6	8
OTHER TRANS	0	0		.00		.00	.000		.00	.0	0
OTHER SERVICES	1	1		.00		.00	.100		.00	.0	0
ACUPUNCTURE	0	0		.00		.00	.000		.00	.0	0
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00	.0	0
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00	.0	0
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00	.0	0
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00	.0	0
OPTICIAN	1	2		16.64		8.32	.200		16.64	1.6	6
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00	.0	0
PORTABLE X-RAY	0	0		.00		.00	.000		.00	.0	0
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00	.0	0
PROSTHETICS	0	0		.00		.00	.000		.00	.0	0
ORTHOTICS	0	0		.00		.00	.000		.00	.0	0
PSYCHOLOGIST	0	0		.00		.00	.000		.00	.0	0
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000		.00	.0	0
HOSPICE SERVICES	0	0		.00		.00	.000		.00	.0	0
NONINST BIRTHING CENTERS	0	0		.00		.00	.000		.00	.0	0
LOCAL EDUCATION AGENCIES	3	12		141.31		11.78	1.200		47.10	14.1	3
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000		.00	.0	0
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000		.00	.0	0
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000		.00	.0	0
ALL OTHER PROVIDERS	0	0		.00		.00	.000		.00	.0	0
@CALIF. CHILDREN SERVICES*	16	216	\$	117,965.90	\$	546.14	21.600	\$	7372.87	\$ 11796.5	9
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.0	0
Q* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARA	TE INFORMATION	TTEM ON	IT.Y:							

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 46 MEDICALLY	' INDIGENT CHILDRE	ΞN	MON'		C.E.
372 ELIGIBLES	USERS	UNITS OF SERVICE	EADENDIMIDEC	AVERAGE COST			COST PER
3/2 ELIGIBLES	USEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS @PHYSICIANS SERVICES OUTPATIENT VISITS OFFICE VISITS HOME VISITS EMERGENCY ROOM	2 126	13,555 \$	654,729.21	\$ 48.30			\$ 1760.02
ADDIVETEDANC CEDUTCES	120	13 , 333 \$ \$ 536 \$	50,005.05	\$ 93.29	1.441 \$		\$ 1760.02
GLUDAMIENM MICIMO	120	59		55.92	.159	61.10	8.87
OUTPATIENT VISITS	24	0 F	3,299.22				
OFFICE VISITS	23	25 0 19 1 0 14 157	1,533.21	61.33	.067	66.66	4.12
HOME VISITS	1.0	0	.00 1,227.72	.00 64.62	.000 .051	.00	.00
EMERGENCY ROOM	18	19	1,22/./2		.051	68.21	
PREVENTIVE CARE	1	1	65.78	65.78	.003		.18
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	14	472.51	33.75	.038	36.35	1.27
INPATIENT VISITS	26	157	23,405.37	149.08 61.27	.422	900.21	62.92
HOSPITAL VISITS	22	132	0,007.74	61.27	.355	367.62	21.74
CRITICAL CARE	7	25	15,317.63		.067	2188.23	41.18
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	161.45	40.36	.011	40.36	.43
EXAMINATIONS	4	4	161.45	40.36	.011	40.36	.43
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	21	148	12,734.03	86.04	.398	606.38	34.23
PRINCIPAL SURGEON	13	26	9,082.78	349.34	.070	698.68	24.42
ASSISTANT SURGEON	0	25 0 4 4 0 148 26 0 122	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	14	122	3,651.25	29.93	.328	260.80	9.82
OUTPATIENT SURGERY	14	55	6 , 105.02	111.00	.148	436.07	16.41
PRINCIPAL SURGEON	8	18	4,580.99	254.50	.048	572.62	12.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	37	.00 1,524.03	41.19	.099	.00 190.50	4.10
EMERGENCY ROOM PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS HOSPITAL VISITS CRITICAL CARE SNF/ICF/TRANS IP CARE OPHTHALMOLOGICAL SERVICES EXAMINATIONS SERVICES AND MATERIALS INPATIENT HOSPITAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY PSYCHIATRY	0	0	.00 7.21 2,198.99	.00	.000	.00	.00
PATHOLOGY	2	4	7.21	1.80	.011	3.61	.02
RADIOLOGY	31	45	2,198.99	48.87	.121	3.61 70.94	5.91
PSYCHIATRY IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	64	2,093.76	32.72	.172	95.17	5.63
@PHARMACY	22 169	1,512 \$		\$ 32.82	4.065 \$		\$ 133.39
PRESCRIPTION DRUGS	155	328	43,743.87	133.37	.882	282.22	117.59
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	155	328	43,743.87	133.37	.882	282.22	117.59
MEDICAL SUPPLIES	30	1,184	5,875,83	4.96	3.183	195.86	15.80
@DENTIST	652	3,832 \$	106,699.41	\$ 27.84	10.301 \$	163.65	\$ 286.83
VISITS - DIAGNOSTIC	490	2,375	29,246.40	12.31	6.384	59.69	78.62
ORAL SURGERY	92		15,470.00	82.29	. 505	168.15	41.59
DRUGS	104	119	2,483.75	20.87	.320	23.88	6.68
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	15	15	1,175.00	20.87 78.33	.040	78.33	3.16
PERIODONTICS	7	7	1,079.00	154.14	.019	154.14	2.90
ENDODONTICS	45	105	7,790.86	74.20	.282	154.14 173.13	20.94
RESTORATIVE DENTISTRY	252	930	44,059.40	47.38		174.84	118.44
PROSTHETICS	1	1	30.00	30.00	.003	30.00	.08
DENTURES, STAYPLATES	2	12	530.00	44.17	.032	265.00	1.42
SPACE MAINTAINERS	6	8	840.00	105.00	.022	140.00	2.26
MAXILLOFACIAL SERVICES	5	7	300.00	42.86	.019	60.00	.81
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	34	42	3,648.00	86.86	.113	107.29	9.81
ALL OTHER SERVICES	11	23	47.00	2.04	.062	4.27	.13
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO					PAGE 8,086
MODO24	FEE FOR CERVICE		01 1/11/11/11/11		LUUZ IIIKO DEK	- 2002	01/17/02

FEE-FOR-SERVICE/DENTAL

01/17/03

MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR	46 MEDIO	CALLY	INDIGENT CHILDRE	N		M	חותר	THLY AVERA	CF	
372 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Z\ \ 7.	ERAGE COST				.GE	COST PER
372 66161666	ODEIG	OR DAYS			EXTENDITORES		R UNIT/DAY		J	USER		ELIGIBLE
@OPTOMETRIST	4	OIC DIIIO	14	\$	266.18	\$	19.01	.038	Ś	66.55	Ś	.72
DIAGNOSTIC AND ANC. PROCED	2		2	т	94.90	т	47.45	.005	Τ.	47.45	т	.26
EYE APPLIANCES	4		12		171.28		14.27	.032		42.82		.46
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0		0	т	.00	т	.00	.000	Τ.	.00	т	.00
OTHER SERVICES	0		Ö		.00		.00	.000		.00		.00
@PODIATRIST	0		Ö	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0		Ö	т	.00	т	.00	.000	т.	.00	7	.00
SURGERY/ANES.	0		Ö		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	14		107	Ś		\$	45.92	.288	Ś		\$	13.21
NURSE ANESTHESIST	0		0	Ś	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0		Ō	\$.00	\$.00	.000		.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		Ö	Ś		\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0		0	Ś		\$.00	.000	\$.00		.00
@TOTAL HOSPITAL	89		666	Ś			415.42	1.790		3108.64		743.73
HOSP INPATIENT TOTAL	13		175		255,510.50		1460.06	.470		19654.65		686.86
HSC HOSPITALS	13		175		255,510.50		1460.06	.470		19654.65		686.86
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		Ō		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	78		491		21,158.50		43.09	1.320		271.26		56.88
MEDICAL	24		61		3,747.08		61.43	.164		156.13		10.07
SURGERY	4		6		622.10		103.68	.016		155.53		1.67
PATHOLOGY	20		149		1,541.59		10.35	.401		77.08		4.14
RADIOLOGY	29		38		4,719.57		124.20	.102		162.74		12.69
ROOM USE	44		60		2,242.50		37.38	.161		50.97		6.03
CROSSOVERS/ALL OTH OUTPTNT	31		177		8,285.66		46.81	.476		267.28		22.27
@COUNTY HOSPITAL TOTAL	22		56	\$	19,258.32	\$	343.90	.151	\$	875.38	\$	51.77
CO HOSPITAL INPATIENT TOTAL	1		15		18,000.00		1200.00	.040		18000.00		48.39
HSC HOSPITALS	1		15		18,000.00		1200.00	.040		18000.00		48.39
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	21		41		1,258.32		30.69	.110		59.92		3.38
MEDICAL	4		6		273.06		45.51	.016		68.27		.73
SURGERY	1		1		8.71		8.71	.003		8.71		.02
PATHOLOGY	2		7		143.79		20.54	.019		71.90		.39
RADIOLOGY	11		12		355.30		29.61	.032		32.30		.96
ROOM USE	11		11		433.57		39.42	.030		39.42		1.17

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

MONTEREY COUNTY	SUMMARY OF SERVI	ICES FOR 46 MEDICAL	LLY INDIGENT CHILD	KEN	***	NIMITE TO 217000	C.E.	
272 ELICIDIES	HOEDO	INTEC OF CERTICE	EVDENDIMIDEO	ATTEDACE COOR		NTHLY AVERA	-	COCH DED
372 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES					COST PER
ACOMMINITAL HOCDIAL MODAL	7.0	OR DAYS OF CARE	257 410 60	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	70	610 \$	257,410.68		1.640	•	\$	691.96
COMM HOSP INPATIENT TOTAL	12	160	237,510.50		.430	19792.54		638.47
HSC HOSPITALS	12	160	237,510.50		.430	19792.54		638.47
NON-HSC HOSPITALS TOTAL	0	0	.00		.000	.00		.00
ACCOMMODATIONS	0	-	.00		.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.000	.00		.00
TRANSITIONAL IP CARE			.00		.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.000	.00		.00
ANCILLARIES	0	0	.00		.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	60	450	19,900.18		1.210	331.67		53.50
MEDICAL	20	55	3,474.02		.148	173.70		9.34
SURGERY	3	5	613.39		.013	204.46		1.65
PATHOLOGY	18	142	1,397.80		.382	77.66		3.76
RADIOLOGY	18	26	4,364.27		.070	242.46		11.73
ROOM USE	33	49	1,808.93	36.92	.132	54.82		4.86
CROSSOVERS/ALL OTH OUTPINT	28	173	8,241.77	47.64	.465	294.35		22.16
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00		.000	.00		.00
ICF DDN/DDCN	0	0	.00		.000	.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	•	.000	.00		.00
HEMODIALYSIS CENTER	0	0	.00		.000	.00		.00
@REHABILITATION FACILITY	8	49 \$	1,089.94			\$ 136.24	Ś	2.93
HOSPITAL BASED	4	8	250.54		.022	62.64		.67
INDEPENDENT FACILITY	4	41	839.40		.110	209.85		2.26
@LABORATORY FACILITY	4	7 \$	105.00			\$ 26.25	\$.28
PATHOLOGY	4	7	105.00	•	.019	26.25	Τ.	.28
XO AND OTHERS	0	0	.00		.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,015	1,591 \$	122,556.30			\$ 120.75	\$	329.45
CLINIC CLINIC	1,013	5	45.36		.013	45.36	Y	.12
SURGICENTER	0	0	.00		.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.000	.00		.00
RURAL HEALTH CLINIC	1,014	1,586	122 , 510.94		4.263	120.82		329.33
#CALIF DEPT OF HEALTH SERV	•	•	•				_	
MOP024		ES AND EXPENDITURES	MONTH-OF-PAIMENT	KEPUKT FUK JAN	ZUUZ THKU D	EC ZUUZ	Р	AGE 8,088 01/17/03
	FEE-FOR-SERVICE		IV INDICENE CUITO	DEN				01/11/03
MONTEREY COUNTY	SUMMAKI OF SERVI	ICES FOR 46 MEDICAL	TIT TNDIGENT CHILD	KEN				

372 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	210	5 , 241 \$	42,804.98	\$ 8.17	14.089 \$		•
DURABLE MED. EQUIP.	11	41	9,010.00	219.76	.110	819.09	24.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	33	3,654.77	110.75	.089	609.13	9.82
AMBULANCES/AIR TRANS	5	30	579.77	19.33	.081	115.95	1.56
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	3 , 075.00	1025.00	.008	1025.00	8.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	38	39	3,391.00	86.95	.105	89.24	9.12
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	68	142	1,205.26	8.49	.382	17.72	3.24
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	11	10,256.53	932.41	.030	2564.13	27.57
PROSTHETICS	4	11	10,256.53	932.41	.030	2564.13	27.57
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	13	854.72	65.75	.035	284.91	2.30
SPEECH AND AUDIOLOGY	5	10	4,791.95	479.20	.027	958.39	12.88
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	77	1,131	9,046.19	8.00	3.040	117.48	24.32
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	3,821	594.56	.16	10.272	118.91	1.60
@CALIF. CHILDREN SERVICES*	160	1,441 \$	358,561.59	\$ 248.83	3.874 \$	2241.01	\$ 963.88

----- MONTHLY AVERAGE -----

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;
THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,089

MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

## OD ELICIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST TITLES COST FEE COST F	MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 4/ MIA - NO	SOC - AID PAID PE	INDING AID CC		III V ATTEDACI	7
COTAL, ALL PROVIDERS	OO FITCIBLES	HCEDC	INTES OF SERVICE	EVDENDITHIDES	MITERACE COCH			
## OFFICE AND MATRITALS 0 0 \$.00 \$	00 FILGIBLES	OSERS		EXECUDITORES				
### SPANICARS SERVICES 0 0 5 .00 \$.00 .00 .00 .00 .00 .00 .00 .00 .	ATOTAL ALL PROVIDERS	Λ		0.0				
OFFICE VISITS	•							
OFFICE VISITS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	-					·		
HOME VISITS			· · · · · · · · · · · · · · · · · · ·					
EMERGENCY ROOM			· · · · · · · · · · · · · · · · · · ·					
PREVENTIVE CARE 0 0 0 0 00 00 00 00 00 00 00 00 00 00		· ·	· · · · · · · · · · · · · · · · · · ·					
ON VISITS/COMPRE PERI		•	•					
OTHER OUTPAITENT 0 0 0 00 00 00 00 00 00 00 100 101 101		•	-					
INPATIENT VISITS O O O O O O O O O O O O O O O O O O O		•	ŭ					
HOSPITAL VISITS		•	· · · · · · · · · · · · · · · · · · ·					
CRITICAL CARE O		•	0					
SNF/ICE/TRANS IP CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		•	-					
OPHTHAIMOLOCICAL SERVICES 0 0 0 0 00 00 00 00 00 00 00 00 00 00		•	•					
EXAMINATIONS		0	· · · · · · · · · · · · · · · · · · ·					
SERVICES AND MATERIALS 0		•	•					
INPATIENT HOSPITAL SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	-					
PRINCIPAL SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ASSISTANT SURGEON 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	· · · · · · · · · · · · · · · · · · ·					
ANESTHESIOLOCIST 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
OUTPATIENT SURGERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
PRINCIPAL SURGEON 0 0 .00 <		Ö	0					
ASSISTANT SURGEON ANESTHESICLOGIST O O O O O O O O O O O O O O O O O O O		0	0					
ANESTHESIOLOGIST 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
DIALYSIS		0	0					
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
PSYCHIATRY 0 0 0 0 00 00 000 000 00 00 00 00 00 0		0	0					
IMMUNIZATION AND INJECTION O O O O O O O O O	RADIOLOGY	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PSYCHIATRY	0	0	.00	.00	.000	.00	.00
@PHARMACY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
PRESCRIPTION DRUGS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
SNF/ICF 0 0 .00 <td>@PHARMACY</td> <td>0</td> <td>0 \$</td> <td>.00</td> <td>\$.00</td> <td>.000 \$</td> <td>.00</td> <td>\$.00</td>	@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENTS 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 @DENTIST 0 0 \$.00 \$.00 .00 .00 \$.00 VISITS - DIAGNOSTIC 0 0 .00	SNF/ICF	0	0	.00	.00	.000	.00	.00
@DENTIST 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	OUTPATIENTS	0	0	.00	.00	.000	.00	.00
VISITS - DIAGNOSTIC 0 0 0 .00 .00 .000 .00 .00 .00 .00 .00	MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
ORÂL SURGERY 0 0 .0	@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DRUGS 0 0 .00	VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ANESTHESIA 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0	ORAL SURGERY	0	0	.00	.00	.000	.00	.00
PERIODONTICS 0 0 .0	DRUGS	0	0	.00	.00	.000	.00	.00
ENDODONTICS 0 0 .00 <	ANESTHESIA	•	•					
RESTORATIVE DENTISTRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PERIODONTICS	0	•					
PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00 .00	ENDODONTICS	0	•					
DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00	RESTORATIVE DENTISTRY	0	· · · · · · · · · · · · · · · · · · ·		.00		.00	.00
		0	-					
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00		0	· ·					
	SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE	8,090
MOP024	FEE-FOR-SERVICE/DENTA	L					01	/17/03

AID CODE

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING

MONTEREY COUNTY

NON-HSC HOSPITALS TOTAL

ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ACCOMMODATIONS

ALL OTHER ACCOM ANCILLARIES

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 Ś .00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 Ś .00 Ś .00 Ś .00 .000 .00 Ś NURSE MIDWIFE .00 Ś .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 . 00 .000 .00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 ALL OTHER ACCOM .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 @COUNTY HOSPITAL TOTAL .00 .000 .00 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00

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CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES N	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 8,091
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	OR 47 MIA - NO	O SOC - AID PAID PENDING	AID CODE	Ξ		
					3.603.TET.	TT TT B T T T D B C	

MONTEREY COUNTY	SUMMARY OF SER		47 MIA -	- NO	SOC - AID PAID E	PENDING	aid co	DE				01/1//0.
11011121121 0001111	001111111111111111111111111111111111111	. 1020 101	1, 11111	2.0	000 1112 11112 1		. 1112 00	MC	ONTI	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00

0 0 .00 .00 .000 .00 .00 SURGICENTER .00 HEROIN DETOX CLINIC 0 .00 .000 .00 .00 .00 .00 0 0 .00 .000 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,092 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

						MOI	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EX	PENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**		0 \$.00	\$.00	.000	\$.00	\$.00
A* TOTATO IN TUROR ITMES ADD	CITIENT AS A SEDAL	ολ πει τη εφοραλ πτοκί τπε	M ONTV.					

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MONTEREY COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,093
MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

						MON	ITHLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	141	319	\$	46,869.38	\$ 146.93	.000 \$	332.41	\$.00
@PHYSICIANS SERVICES	7	30	\$	662.28	\$ 22.08	.000 \$	94.61	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00		.00	.000	.00	.00
INPATIENT VISITS	2	4	143.13	35	. 78	.000	71.57	.00
HOSPITAL VISITS	2	4	143.13	35	. 78	.000	71.57	.00
CRITICAL CARE	0	0	.00		.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000	.00	.00
EXAMINATIONS	0	0	.00		.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00		.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	20	329.60	16	. 48	.000	329.60	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	1	20	329.60	16	. 48	.000	329.60	.00
OUTPATIENT SURGERY	0	0	.00		.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00		.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00		.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00		.00	.000	.00	.00
DIALYSIS	0	0	.00		.00	.000	.00	.00
PATHOLOGY	0	0	.00		.00	.000	.00	.00
RADIOLOGY	5	5	118.96	23	.79	.000	23.79	.00
PSYCHIATRY	0	0	.00		.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	70.59	70	. 59	.000	70.59	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00		.00	.000	.00	.00
SNF/ICF	0	0	.00		.00	.000	.00	.00
OUTPATIENTS	0	0	.00		.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00		.00	.000	.00	.00
@DENTIST	0	0	\$ 85.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00		.00	.000	.00	.00
ORAL SURGERY	0	0	85.00		.00	.000	.00	.00
DRUGS	0	0	.00		.00	.000	.00	.00
ANESTHESIA	0	0	.00		.00	.000	.00	.00

PERIODONTICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ENDODONTICS	•	•									
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			JRES M	IONTH-OF-PAYMENT RE	EPOR'	FOR JAN 2	2002 THRU D	EC	2002	P.	AGE 8,094
MOP024	FEE-FOR-SERVICE										01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 48 MIA	4 - NC	SOC - PREGNANT		AID CC				~-	
00 51 10 51 51	a=p.a						MC				
00 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES			UNITS/DAYS		COST PER		COST PER
_	_	OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	1	\$	27.10	\$	27.10		\$	27.10	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00		\$.00	Ś	.00
NURSE MIDWIFE	0	0	\$.00	\$.00		Ś	.00	Ś	.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ś	.00	\$.00		Ś	.00	Ś	.00
@TOTAL HOSPITAL	15	34	\$	28,582.04	Ś	840.65			1905.47	Ś	.00
HOSP INPATIENT TOTAL	3	20	т	28,081.65	Τ	1404.08	.000	т	9360.55	Τ.	.00
HSC HOSPITALS	2	13		19,435.00		1495.00	.000		9717.50		.00
NON-HSC HOSPITAL TOTAL	1	7		8,646.65		1235.24	.000		8646.65		.00
ACCOMMODATIONS	1	7		4,554.80		650.69	.000		4554.80		.00
ADMINISTRATIVE DAYS	U	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	1	7		4,554.80		650.69	.000		4554.80		.00
ALL OTHER ACCOM	1	0		•		.00	.000		4091.85		.00
ANCILLARIES	0	0		4,091.85							
INPATIENT CROSSOVERS	•	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	•		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	12	14		500.39		35.74	.000		41.70		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		10.56		.00	.000		.00		.00
RADIOLOGY	8	10		329.90		32.99	.000		41.24		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	4		159.93		39.98	.000		39.98		.00
ACOUNTRY HOCDERAL MODAL	1		Ċ	201 10	Ċ	22 52	$\cap \cap \cap$	Ċ	EU 30	Ċ	0.0

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CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

0

0

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

ACCOMMODATIONS

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	6	201.18	33.53	.000	50.30		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	10.56	.00	.000	.00		.00
RADIOLOGY	4	6	187.99	31.33	.000	47.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	2.63	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ID EXPENDITURES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN 20	002 THRU DE	C 2002	PAGE 8	8,095
MOP024	FEE-FOR-SERVICE/DENT	'AL					01/1	17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 48 MIA - NO	SOC - PREGNANT	AID COI	DΕ			
				-	MON'	THLY AVERAG	SE	
00 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERAGE COST U	JNITS/DAYS	COST PER	COST I	PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIE	3LE
@COMMUNITY HOSPITAL TOTAL	11	28 \$	28,380.86	\$ 1013.60	.000 \$	2580.08	\$.	.00
	_	0.0	00 001 65	1 10 1 00	0.00	0060 55		0.0

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER		ST PER IGIBLE
@COMMUNITY HOSPITAL TOTAL	11	OR DATS OF CARE	\$	28,380.86	\$ 1013.60	.000			.00
COMM HOSP INPATIENT TOTAL	3	20	٧	28,081.65	1404.08	.000	9360.55	۲	.00
HSC HOSPITALS	2	13		19,435.00	1495.00	.000	9717.50		.00
NON-HSC HOSPITALS TOTAL	1	7		8,646.65	1235.24	.000	8646.65		.00
ACCOMMODATIONS	1	7		4,554.80	650.69	.000	4554.80		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	7		4,554.80	650.69	.000	4554.80		.00
ANCILLARIES	1	0		4,091.85	.00	.000	4091.85		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	8	8		299.21	37.40	.000	37.40		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	4	4		141.91	35.48	.000	35.48		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	4		157.30	39.33	.000	39.33		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	90	210 \$	15,129.35	\$	72.04	.000	\$ 168.10	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	90	210	15,129.35		72.04	.000	168.10		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES M	ONTH-OF-PAYMENT F	REPORT F	OR JAN	2002 THRU D	EC 2002	PAGE	8,096
MOP024	FEE-FOR-SERVICE/DENT	AL						0:	1/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 48 MIA - NO	SOC - PREGNANT		AID C	ODE			
						MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS UNIT	S OF SERVICE	EXPENDITURES	AVERA	GE COST	UNITS/DAYS	COST PER	COS!	Γ PER
	OR	DAYS OF CARE		PER U	NIT/DAY	PER ELIG	USER	ELI	GIBLE
@ALL OTHER PROVIDERS	31	44 \$	2,383.61	\$	54.17	.000	\$ 76.89	\$.00
DURABLE MED. EQUIP.	0	0	.00		.00	.000	.00		.00
BLOOD BANK	0	0	.00		.00	.000	.00		.00
	^	ā	0.0		0.0	0.00	0.0		0.0

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIG	IBLE
@ALL OTHER PROVIDERS	31	44	\$ 2,383.61	\$ 54.17	.000	76.89	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	27	27	2,076.00	76.89	.000	76.89		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	1	2	19.12	9.56	.000	19.12		.00
PHYSICAL THERAPIST	1	1	113.31	113.31	.000	113.31		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	2	14	175.18	12.51	.000	87.59		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	2	12	\$ 19,381.05	\$ 1615.09	.000 \$	9690.53	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,097 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

						MON	ITHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	\equiv	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	141	319	\$	46,869.38	\$ 146.93	.000 \$	332.41	\$.00
@PHYSICIANS SERVICES	7	30	\$	662.28	\$ 22.08	.000 \$	94.61	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00		.00
OFFICE VISITS	0	0	.00	.00	.000	.00		.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00		.00
INPATIENT VISITS	2	4	143.13	35.78	.000	71.57		.00
HOSPITAL VISITS	2	4	143.13	35.78	.000	71.57		.00
CRITICAL CARE	0	0	.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	1	20	329.60	16.48	.000	329.60		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	1	20	329.60	16.48	.000	329.60		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	5	5	118.96	23.79	.000	23.79		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	1	1	70.59	70.59	.000	70.59		.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	0	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$	85.00	\$.00	.000	•	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00		.00
ORAL SURGERY	0	0	85.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE	8,098
MOP024	FEE-FOR-SERVICE/DEN	ITAL					0.1	1/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 49 ALL MIA	A - NO SOC					
						ONTHLY AVERA		
00 51 10151	TTOED 0 TINT			3 T T D 3 C D C C C	m	C COOM DED	~~~	

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

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PER UNIT/DAY PER ELIG

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00 ELIGIBLES

DIAGNOSTIC AND ANC. PROCED

@OPTOMETRIST

USERS

0

UNITS OF SERVICE

0 \$

0

OR DAYS OF CARE

EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	1	1	\$ 27.10	\$ 27.10	.000	\$ 27.10	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	15	34	\$ 28,582.04	\$ 840.65	.000	\$ 1905.47	\$.00
HOSP INPATIENT TOTAL	3	20	28,081.65	1404.08	.000	9360.55	.00
HSC HOSPITALS	2	13	19,435.00	1495.00	.000	9717.50	.00
NON-HSC HOSPITAL TOTAL	1	7	8,646.65	1235.24	.000	8646.65	.00
ACCOMMODATIONS	1	7	4,554.80	650.69	.000	4554.80	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7	4,554.80	650.69	.000	4554.80	.00
ANCILLARIES	1	0	4,091.85	.00	.000	4091.85	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	12	14	500.39	35.74	.000	41.70	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	10.56	.00	.000	.00	.00
RADIOLOGY	8	10	329.90	32.99	.000	41.24	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	4	4		159.93		39.98	.000	39.98	.00
@COUNTY HOSPITAL TOTAL	4	6	\$	201.18	\$	33.53	.000	\$ 50.30	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	4	6		201.18		33.53	.000	50.30	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		10.56		.00	.000	.00	.00
RADIOLOGY	4	6		187.99		31.33	.000	47.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		2.63		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2002 THRU 1	DEC 2002	PAGE 8,099
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA - NO SO	С					

MONIEREI COONII	SUMMART OF SER	VICES FOR 49 ALL I	TITA	NO 50C				
							NTHLY AVERA	_
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	28	\$	28,380.86	\$ 1013.60	.000	•	·
COMM HOSP INPATIENT TOTAL	3	20		28,081.65	1404.08	.000	9360.55	.00
HSC HOSPITALS	2	13		19,435.00	1495.00	.000	9717.50	.00
NON-HSC HOSPITALS TOTAL	1	7		8,646.65	1235.24	.000	8646.65	.00
ACCOMMODATIONS	1	7		4,554.80	650.69	.000	4554.80	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7		4,554.80	650.69	.000	4554.80	.00
ANCILLARIES	1	0		4,091.85	.00	.000	4091.85	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8	8		299.21	37.40	.000	37.40	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	4	4		141.91	35.48	.000	35.48	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	4	4		157.30	39.33	.000	39.33	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	90	210	\$	15,129.35	\$	72.04	.000	\$	168.10	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	90	210		15,129.35		72.04	.000		168.10		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MONTH-	-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU	DEC	2002	PAGE	8,100
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	R 49 ALL N	ON - AIM	SOC							

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 31 44 2,383.61 54.17 .000 \$ 76.89 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 OTHER TRANS .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 27 GENETIC DISEASE TESTING 2,076.00 76.89 .000 76.89 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 19.12 9.56 .000 19.12 .00 .00 PHYSICAL THERAPIST 113.31 113.31 .000 113.31 1 .00 PORTABLE X-RAY .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS 0 .00 .00 .000 .00 .00 175.18 12.51 .000 87.59 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. 0 .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS 0 .00 .00 .00 .00 .000 12 @CALIF. CHILDREN SERVICES* 19,381.05 1615.09 .000 \$ 9690.53 \$.00 0 .00 @XOVER EXCLUDING STATE HOSP** .00 .000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 50 MIA - SOC	C - LTC	AID CO	ODE		
					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	27	64 \$	10,012.52	\$ 156.45	.000 \$	370.83	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
	0	0					
HOSPITAL VISITS	0	•	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
	0	_					
IMMUNIZATION AND INJECTION	•	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	25	50 \$	9,765.44	\$ 195.31	.000 \$		
PRESCRIPTION DRUGS	25	50	9,765.44	195.31	.000	390.62	.00
SNF/ICF	20	43	6,174.01	143.58	.000	308.70	.00
OUTPATIENTS	5	7	3,591.43	513.06	.000	718.29	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	12 \$	221.00	\$ 18.42	.000 \$		
VISITS - DIAGNOSTIC	2	11	136.00	12.36	.000	68.00	.00
ORAL SURGERY	1	1	85.00	85.00	.000	85.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0					
SPACE MAINTAINERS	U	U	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	Ü	U	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	NTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 8,102

MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR 5	OU MIA -	- SOC -	LTC		AID CO				~=	
								Mo			GΕ	
00 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES			UNITS/DAY:				COST PER
_	_	OR DAYS (PER UNI		PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$		\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

PET FOD CEDITOR DENIENT AND EXTENDED TOKEN MONTH OF TAIMENT KEIGKT FOR GAN 2002 INKO

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC AID CODE

11011121121 0001111	5011111111 01 5211		00 11111	200	210	1112 0	MON	THLY AVERA	CF
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
**		OR DAYS				PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
HSC HOSPITALS	0		0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00	.00
ANCILLARIES	0		0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	0		0		.00	.00	.000	.00	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0		0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF-I	PAYMENT REI	PORT 1	FOR JAN 2002	2 THRU	DEC	2002	PAGE	8,104
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	50 MIA	- SOC - LTC			AID CODE					
							7.	CATELL	T 37 7 37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	α - -	

MONITOR COONTI	DOMINANT OF DEIN	VICES FOR SO MIA	DOC	штс	AID C	JDE		
						MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	2	\$	26.08	\$ 13.04	.000 \$	26.08	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	1	2		26.08	13.04	.000	26.08	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 0 0 \$.00 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,105 MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT AID CODE

					MONT	HLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4	6 \$	1,519.56	\$ 253.26	.000 \$	379.89	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	Ö	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	Ö	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 8,106
MOP024	FEE-FOR-SERVICE/DENTAI						01/17/03

AID CODE

MONTEREY COUNTY SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 \$.00 .000 \$.00 \$. 00 Ω .00 .00 .000 .00 . 00 DIAGNOSTIC AND ANC. PROCED .00 EYE APPLIANCES 0 .00 .00 .000 .00 0 .00 OTHER OPTOMETRIC SERVICES .00 .000 .00 .00 .00 \$.00 .00 \$ @CHIROPRACTOR .000 \$.00 VISITS .00 .00 .000 .00 .00 0 OTHER SERVICES .00 .00 .000 .00 .00 .00 .00 .00 \$ @PODIATRIST .000 \$.00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$.00 0 .00 Ś .00 .000 Ś .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$.00 .00 \$ 1200.00 @TOTAL HOSPITAL 1,200.00 .000 \$ 1200.00 . 00 1200.00 HOSP INPATIENT TOTAL 1,200.00 1200.00 .000 . 00 HSC HOSPITALS 1,200.00 1200.00 .000 1200.00 .00 0 .00 .00 NON-HSC HOSPITAL TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 . 00 CROSSOVERS/ALL OTH OUTPINT 1,200.00 \$ 1200.00 .000 @COUNTY HOSPITAL TOTAL \$ 1200.00 \$.00 1,200.00 1200.00 .000 1200.00 CO HOSPITAL INPATIENT TOTAL .00 1200.00 1200.00 HSC HOSPITALS 1,200.00 .000 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 .000 TRANSITIONAL IP CARE .00 .00 .00 .00 ALL OTHER ACCOM .000 .00 ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 8,107
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	R 51 MIA -	SOC - PREGNANT	AID C	ODE		
					1/O1/T	a	T

NOTERIEY COUNTY	MOP024	FEE-FOR-SERVIC											01/1//03
COMMUNITY HOSPITAL TOTAL	MONTEREY COUNTY	SUMMARY OF SER	VICES FOR	51 MIA	- soc -	PREGNANT		AID CO					
COMMUNITY HOSPITAL COTAL 0									MO	NTF	HLY AVERA	GΕ	
COMMUNITY HOSPITAL TOTAL	00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	C	COST PER		COST PER
COMM HOSP INPATIENT TOTAL			OR DAYS	OF CARE			PER	UNIT/DAY			USER		ELIGIBLE
HSC HOSPITALS	@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
NON-RISC MOSPITALS TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS O O O O TRANSITIONAL IF CARE O O O O O O O O O O O O O O O O O O	HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS O TRANSITIONAL FO CAME O O O O O O O O O O O O O O O O O O O	ACCOMMODATIONS	0		0				.00	.000		.00		.00
TRANSITIONAL IF CARE ALC OTHER ACCOME ANCILLARIES O O O O O O O O O O O O O	ADMINISTRATIVE DAYS	0		0		.00		.00			.00		.00
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0		.00		.00			.00		.00
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		0									
INPATIENT CROSSOVERS O		0		-									
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0		-									
COMM HOSP OUTPATIENT TOTAL 0		0											
MEDICAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		-									
SURCERY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0											
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0		-									
RADIOLOGY ROM USE CROSSOVERS/ALL OTH OUTPINT O O O O O O O O O O O O O O O O O O O		0		-									
ROOM USE		U		-									
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 \$.00 .00 .00 .00 .00 .00 .00 .00		U		-									
### STATE HOSPITAL 0 0 0 \$.00		U											
MENTALLY ILL 0 0 .0		0											
DEVELOP, DISABLED O O O O O O O O O O O O O	• 1	0			Ş		Ş			Ş		Ş	
@NURSING FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 </td <td></td> <td>0</td> <td></td> <td>Ü</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0		Ü									
LEV A-INTERMEDIATE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0											
LEV B-REHAB MD 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	@NURSING FACILITY	0			\$		\$			\$		\$	
LEV B-SUBACUTE FREESTANDING 0 0 0 00 00 00 00 00 00 00 00 100 100	LEV A-INTERMEDIATE	0				.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <t< td=""><td>LEV B-TRANSITIONAL IP CARE</td><td>0</td><td></td><td>0</td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></t<>	LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ICF DDH 0 0 .00 .	LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
ICF DD 0 0 .00	@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DD 0 0 .00	ICF DDH	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 <td< td=""><td>ICF DD</td><td>0</td><td></td><td>0</td><td></td><td></td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></td<>	ICF DD	0		0				.00	.000		.00		.00
@HEMODIALYSIS TOTAL 0 0 \$.00 \$.00 <td< td=""><td>ICF DDN/DDCN</td><td>0</td><td></td><td>0</td><td></td><td>.00</td><td></td><td>.00</td><td>.000</td><td></td><td>.00</td><td></td><td>.00</td></td<>	ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
HOSPITAL BASED 0 0 .00		0			Ś		Ś			Ś		Ś	
HEMODIALYSIS CENTER 0 0 .00	•	0			т		т.			т.		т.	
@REHABILITATION FACILITY 0 0 \$.00 \$.00		0		-									
HOSPITAL BASED 0 0 .00		0			¢		Ġ			¢		Ś	
INDEPENDENT FACILITY 0 0 .00	-	0			Y		Y			Y		Ÿ	
@LABORATORY FACILITY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 <td></td> <td>0</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>		0		-									
PATHOLOGY 0 0 .00 .00 .00 .00 .00 XO AND OTHERS 0 0 .00 .		0			Ċ		ċ			ċ		ċ	
XO AND OTHERS 0 0 .00 .00 .00 .00 .00 @ORGANIZED OUTPATIENT CLINIC 2 4 \$ 254.68 \$ 63.67 .000 \$ 127.34 \$.00		0			P		Ą			Ş		Ş	
@ORGANIZED OUTPATIENT CLINIC 2 4 \$ 254.68 \$ 63.67 .000 \$ 127.34 \$.00		0		-									
		0			ć		ć			Ċ		Ċ	
CLINIC 0 0 .00 .00 .00 .00 .00	-	2		_	Þ		Þ			Þ		Ş	
	CLINIC	0		U		.00		.00	.000		.00		.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	2	4	254.68	63.67	.000	127.34	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU I	DEC 2002	PAGE 8,108
MOP024	FEE-FOR-SERVICE/DENTAL	J					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - S	SOC - PREGNANT	AID CODE			

MONIEREI COONII	SOMMANI OF SER	VICES FOR SI MIA	200	FIVEGUANI	AID CO	تالال		
						MON'	THLY AVERAC	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1	1	\$	64.88	\$ 64.88	.000 \$	64.88	\$.00
DURABLE MED. EQUIP.	0	0		.00	.00	.000	.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		9.88	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0		9.88	.00	.000	.00	.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1		55.00	55.00	.000	55.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	0	0		.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1	\$ 1,200.00	\$ 1200.00	.000	\$ 1200.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,109
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC ----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 372.00 \$ @TOTAL, ALL PROVIDERS 31 70 11,532.08 \$ 164.74 .000 \$.00 .00 .00 .000 .00 @PHYSICIANS SERVICES .00 0 0 .00 .00 .000 .00 .00 OUTPATIENT VISITS .00 .00 .000 .00 .00 OFFICE VISITS HOME VISITS .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 .00 .00 .000 .00 OTHER OUTPATIENT .00 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 HOSPITAL VISITS .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .00 .000 .00 EXAMINATIONS SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .00 OUTPATIENT SURGERY .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 .000 .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 **PSYCHIATRY** .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 IMMUNIZATION AND INJECTION .00 .00 0 0 .00 .000 .00 OTHER SERVICES/ALL X-OVERS 50 @PHARMACY 9,765.44 195.31 .000 390.62 \$.00 50 390.62 PRESCRIPTION DRUGS 9,765.44 195.31 .000 .00 SNF/ICF 20 43 6,174.01 143.58 .000 308.70 .00 7 513.06 718.29 OUTPATIENTS 3,591.43 .000 .00 Ω .00 MEDICAL SUPPLIES .00 .000 .00 .00 12 221.00 18.42 73.67 @DENTIST .000 .00 11 VISITS - DIAGNOSTIC 136.00 12.36 .000 68.00 .00 ORAL SURGERY 1 85.00 85.00 .000 85.00 .00 DRUGS .00 .00 .000 .00 .00 ANESTHESIA .00 .00 .000 .00 .00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV			MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 8,110
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 52 ALL	MIA ·	- SOC				^ N T FF		C.E.	
	HORDO	INTEG OF CERTICE			7. 7. 7.		M			-	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST	/		COST PER		COST PER
0.0000000000000000000000000000000000000	Ō	OR DAYS OF CARE		0.0		R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	1	\$	1,200.00	\$	1200.00	.000	\$	1200.00	\$.00
HOSP INPATIENT TOTAL	1	1		1,200.00		1200.00	.000		1200.00		.00
HSC HOSPITALS	1	1		1,200.00		1200.00	.000		1200.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	1	1	\$	1,200.00	Ś	1200.00		\$	1200.00	\$.00
CO HOSPITAL INPATIENT TOTAL	1	1	٣	1,200.00	~	1200.00	.000	~	1200.00	~	.00
HSC HOSPITALS	1	1		1,200.00		1200.00	.000		1200.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
VCCOLILIODY I TOMP	U	U		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 8,111
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 52 ALL MIA	- SOC				
					MONT	HLY AVERAG	GE

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER ELIG OR DAYS OF CARE PER UNIT/DAY USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 .00 .00 .000 \$.00 \$.00 0 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .000 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 PATHOLOGY .00 .00 .000 .00 RADIOLOGY 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 .00 ROOM USE .00 .00 CROSSOVERS/ALL OTH OUTPTNT .00 .000 .00 @STATE HOSPITAL .00 .00 .000 .00 .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 0 DEVELOP. DISABLED .00 .00 .000 .00 .00 0 @NURSING FACILITY .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 LEV B-TRANSITIONAL IP CARE .00 .00 .000 .00 0 LEV B-REGULAR .00 .00 .000 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 .00 .00 ICF DDH 0 .00 .00 .000 .00 .00 ICF DD 0 .00 .00 .00 .000 .00 ICF DDN/DDCN 0 .00 .00 .00 .000 .00 0 .00 .00 .00 @HEMODIALYSIS TOTAL .000 .00 .00 .00 .000 .00 .00 HOSPITAL BASED HEMODIALYSIS CENTER 0 .00 .00 .000 .00 .00 @REHABILITATION FACILITY .00 \$.00 .000 \$.00 \$.00 HOSPITAL BASED .00 .00 .000 .00 .00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	4 \$	254.68	\$	63.67	.000	\$ 127.34	\$.00
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	2	4	254.68		63.67	.000	127.34		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE	8,112
MOP024	FEE-FOR-SERVICE/DE	INTAL						0.2	L/17/03
MONTEREY COUNTY	SUMMARY OF SERVICE	S FOR 52 ALL MIX	A - SOC						

HOWIERE COOKII	BOTHHIN OF BEIN	VICED TON 32 MEE MIN	. 500				
00						THLY AVERA	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	3 \$	90.96	\$ 30.32	.000		\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	9.88	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	9.88	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	1	1	55.00	55.00	.000	55.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.000	26.08	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1 \$	1,200.00	\$ 1200.00	.000	1200.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,113 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MO	NTHLY AVERA	7.GF	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND FEE-FOR-SERVICE/DENTA		MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE 8,114 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

MONTERET COONTT	SOMMANT OF SEN	VICES FOR 35 FOR	FOION	E OSE			M	∩nm	III V ATZEDA	CE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7/1/2/20	ACE COCE	UNITS/DAY		COST PER		COST PER
00 FILGIBLES	OSEKS	OR DAYS OF CARE		EXPENDITORES		UNIT/DAY		-	USER		ELIGIBLE
@OPTOMETRIST	0	OR DATS OF CARE	\$.00	\$.00	.000			\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	۲	.00	Y	.00	.000	Ÿ	.00	Y	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	S	.00	.000	Ś	.00	Ś	.00
VISITS	0	0	٧	.00	۲	.00	.000	Y	.00	٧	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	Ś	.00	.000	S	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	Υ	.00	۲	.00	.000	7	.00	۲	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2002 THRU DEC	2002	PAGE 8,115
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	R 53 FOR FU'	TURE USE				
					MONT	HLY AVERAGE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MONTH-OF	-PAYMENT RE	EPORT	FOR JAN 2	002 THRU	DEC	2002	PAGE	8,116
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	R 53 FOR 1	FUTURE USE								

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 .000 PED SUBACUTE REHAB/WEANING .00 .00 .00 ALL OTHER PROVIDERS .00 .00 .00 .00 .000 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 .00 .00 \$

----- MONTHLY AVERAGE -----

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

MOP024

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 54 MEDICALLY	INDIGENT ADULTS		MON'	THIV AVERA	TR
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	
00 111012110	ODLING	OR DAYS OF CARE		PER UNIT/DAY		COST PER USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	172	389 \$	58,401.46	\$ 150.13	.000 \$	339.54	
@PHYSICIANS SERVICES	7	30 \$	662.28	\$ 22.08	.000 \$		\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
	0	0					.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	2	0	.00		.000		
INPATIENT VISITS	2	4	143.13	35.78	.000	71.57	.00
HOSPITAL VISITS	2	4	143.13	35.78	.000	71.57	.00
CRITICAL CARE	U	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	20	329.60	16.48	.000	329.60	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	20	329.60	16.48	.000	329.60	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	5	5	118.96	23.79	.000	23.79	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	70.59	70.59	.000	70.59	.00
@ PHARMACY	25	50 \$	9,765.44	\$ 195.31	.000 \$		
PRESCRIPTION DRUGS	25	50	9,765.44	195.31	.000	390.62	.00
SNF/ICF	20	43	6,174.01	143.58	.000	308.70	.00
OUTPATIENTS	5	7	3,591.43	513.06	.000	718.29	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	12 \$	306.00	\$ 25.50	.000 \$	102.00	
VISITS - DIAGNOSTIC	2	11	136.00	12.36	.000	68.00	.00
ORAL SURGERY	1	1	170.00	170.00	.000	170.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
	0	0	.00		.000	.00	.00
PERIODONTICS	0	0		.00			
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	O	0	.00	.00	.000	.00	.00
PROSTHETICS	0	U	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	U	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	Ü	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	2002	PAGE 8,11

01/17/03

FEE-FOR-SERVICE/DENTAL

00 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	 COST PER
		OR DAYS OF CAR	E		PE	R UNIT/DAY	PER ELIG		USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00	.00
OTHER SERVICES	0	0		.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00	.00
OTHER	0	0		.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	1	1	\$	27.10	\$	27.10	.000	\$	27.10	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	16	35	\$	29 , 782.04	\$	850.92	.000	\$	1861.38	\$.00
HOSP INPATIENT TOTAL	4	21		29 , 281.65		1394.36	.000		7320.41	.00
HSC HOSPITALS	3	14		20,635.00		1473.93	.000		6878.33	.00
NON-HSC HOSPITAL TOTAL	1	7		8,646.65		1235.24	.000		8646.65	.00
ACCOMMODATIONS	1	7		4,554.80		650.69	.000		4554.80	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	1	7		4,554.80		650.69	.000		4554.80	.00
ANCILLARIES	1	0		4,091.85		.00	.000		4091.85	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00	.00

----- MONTHLY AVERAGE -----

HOSP OUTPATIENT TOTAL	12	14		500.39	35.74	.000	41.70		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		10.56	.00	.000	.00		.00
RADIOLOGY	8	10		329.90	32.99	.000	41.24		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	4	4		159.93	39.98	.000	39.98		.00
@COUNTY HOSPITAL TOTAL	5	7	\$	1,401.18	\$ 200.17	.000	\$ 280.24	\$.00
CO HOSPITAL INPATIENT TOTAL	1	1		1,200.00	1200.00	.000	1200.00		.00
HSC HOSPITALS	1	1		1,200.00	1200.00	.000	1200.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	6		201.18	33.53	.000	50.30		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		10.56	.00	.000	.00		.00
RADIOLOGY	4	6		187.99	31.33	.000	47.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		2.63	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	RES MOI	NTH-OF-PAYMENT RE	PORT FOR JAI	N 2002 THRU	DEC 2002	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTAL							(01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	54 MEDI	CALLY	INDIGENT ADULTS					

HOWIERE COOKII	DOIMMING OF DEL	WIODD ION	01 1111111	011111	INDIGENT REGELE		MC	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF OR DAYS	-		EXPENDITURES	AVERAGE COST PER UNIT/DAY			COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	11	OK DAIS	28	\$	28,380.86	\$ 1013.60	.000		\$.00
COMM HOSP INPATIENT TOTAL	3		20	Υ	28,081.65	1404.08	.000	9360.55	.00
HSC HOSPITALS	2		13		19,435.00	1495.00	.000	9717.50	.00
NON-HSC HOSPITALS TOTAL	1		7		8,646.65	1235.24	.000	8646.65	.00
ACCOMMODATIONS	1		7		4,554.80	650.69	.000	4554.80	.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1		7		4,554.80	650.69	.000	4554.80	.00
ANCILLARIES	1		0		4,091.85	.00	.000	4091.85	.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8		8		299.21	37.40	.000	37.40	.00
MEDICAL	0		0		.00	.00	.000	.00	.00
SURGERY	0		0		.00	.00	.000	.00	.00
PATHOLOGY	0		0		.00	.00	.000	.00	.00
RADIOLOGY	4		4		141.91	35.48	.000	35.48	.00
ROOM USE	0		0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	4		4		157.30	39.33	.000	39.33	.00
@STATE HOSPITAL	0		0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0		0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00	.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00	.00

	_	_							
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
XO AND OTHERS	0	0		.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	92	214	\$	15,384.03	\$ 71.89	.000	\$ 167.22	\$.00
CLINIC	0	0		.00	.00	.000	.00		.00
SURGICENTER	0	0		.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	92	214		15,384.03	71.89	.000	167.22		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	NTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU I	DEC 2002	PAGE	8,120
MOP024	FEE-FOR-SERVICE/DENTAL	ı						0.2	1/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	R 54 MED	CALLY	INDIGENT ADULTS					

MONTEREY COUNTY SUMMARY OF SERVICES FOR 54 MEDICALLY INDIGENT ADULTS

MONIEREI COONII	SUMMARI OF SER	VICES FOR 54 MEDIC	АППІ	INDIGENI ADULIS		MON	תוודע איזודה	CE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MON	COST PER	COST PER
00 FFIGIPLES	OSEKS	OR DAYS OF CARE		EXPENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	33		\$	2,474.57	\$ 52.65	.000 \$		\$.00
DURABLE MED. EQUIP.	33	0	Ş	2,474.37	.00	.000 \$.00	.00
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0		9.88	.00	.000	.00	.00
	0	0		9.88		.000	.00	
AMBULANCES/AIR TRANS	0	0			.00			.00
OTHER TRANS	U	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	U	U		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	U	U		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	28	28		2,131.00	76.11	.000	76.11	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	U		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	2	4		45.20	11.30	.000	22.60	.00
PHYSICAL THERAPIST	1	1		113.31	113.31	.000	113.31	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	14		175.18	12.51	.000	87.59	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	13	\$	20,581.05	\$ 1583.16	.000 \$	6860.35	\$.00

@XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

01/17/03

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,121 MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

161 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS		COST PER
@TOTAL, ALL PROVIDERS	7,900	30,163 \$	1,818,831.05	\$ 60.30	187.348 \$		\$ 11297.09
@PHYSICIANS SERVICES	35	163 \$	4,991.30		1.012 \$		
OUTPATIENT VISITS	9	14	731.09	52.22	.087	81.23	4.54
OFFICE VISITS	4	6	269.20	44.87	.037	67.30	1.67
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	7	442.69	63.24	. 043	88.54	2.75
PREVENTIVE CARE	0	7 0	.00	.00	.043	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	19.20	19.20	.006	19.20	.12
INPATIENT VISITS	13	68	2,857.05	42.02	.422	219.77	17.75
HOSPITAL VISITS	7	57	2,209.45	38.76	.354	315.64	13.72
CRITICAL CARE	1	5	482.60	96.52	.031	482.60	3.00
SNF/ICF/TRANS IP CARE	6	6	165.00	27.50	.037	27.50	1.02
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	2	101.46	50.73	.012	101.46	.63
PRINCIPAL SURGEON	1	2	101.46	50.73	.012	101.46	.63
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0 0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	10	70.56	7.06	.062	23.52	.44
RADIOLOGY	2	10	181.56	18.16	.062	90.78	1.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	19	59	1,049.58	17.79	.366	55.24	6.52
@PHARMACY	2,096	6 , 688 \$	401,314.85			191.47	
PRESCRIPTION DRUGS	2 0 0 1	3,300	400,526.29	121 37	20.497	191.55	2487.74
SNF/ICF	1,168	1,962	232,935.85	118 72	12.186	199.43	1446.81
OUTPATIENTS	930	1,338	167,590.44	125 25	8.311	180.20	1040.93
MEDICAL SUPPLIES	9	3,388	788.56	121.37 118.72 125.25 .23	21.043	87.62	4.90
@DENTIST	2 557	10,032 \$	525,112.76	\$ 52.34	62.311 \$		\$ 3261.57
VISITS - DIAGNOSTIC	2,557 1,738	5,918	81,133.86	13.71	36.758	46.68	503.94
ORAL SURGERY	375	1,157	56,247.00	48.61	7.186	149.99	349.36
DRUGS	1	1	15.00	15.00	.006	15.00	.09
ANESTHESIA	31	34					16.84
PERIODONTICS	139	138	22,340.00	79.74 161.88	.211 .857	160.72	138.76
ENDODONTICS	94	142	31,436.00	221 38	882	334.43	195.25
RESTORATIVE DENTISTRY	504	1,406	128,995.25	221.38 91.75	.882 8.733	255.94	801.21
PROSTHETICS	15	18	492.50	27.36	117	32.83	3.06
DENTURES, STAYPLATES	487	1,189	201,642.15	169.59	.112 7.385	414.05	1252.44
SPACE MAINTAINERS	0	1,109	.00	.00	.000	.00	.00
STACE MAINIAINERS	U	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	1	1	100.00	100.00	.006	100.00	.62
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	28	28	.00	.00	.174	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 8,122
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	OR 55 ALL AGE	ED				

MONIEREI COUNTI	SUMMARI OF SER	VICES FOR 33 ALL	AGED				MC	יידער	מססיזג עדטי	CE	
161 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	7\ 7.71	ERAGE COST				.GE	COST PER
101 EDIGIBLES	025172	OR DAYS OF CARE		EXFENDITORES		R UNIT/DAY)	USER		ELIGIBLE
@OPTOMETRIST	6	11	\$	250.52	\$	22.77	.068	Ġ	41.75	Ġ	
DIAGNOSTIC AND ANC. PROCED	2	2	Ψ	32.59	Υ	16.30	.012	۲	16.30	~	.20
EYE APPLIANCES	3	9		149.03		16.56	.056		49.68		.93
OTHER OPTOMETRIC SERVICES	1	0		68.90		.00	.000		68.90		.43
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ġ	.00	Ġ	.00
VISITS	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	Ś	.00	Ś	.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	Ψ	.00	Υ	.00	.000	۲	.00	~	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$		\$.00		\$.00	Ċ	.00
NURSE ANESTHESIST	0	0	Ċ		\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	¢.	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$ \$		\$.00		Ş S	.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	¢.		\$.00		\$.00	\$.00
@TOTAL HOSPITAL	23	149	¢.		\$	410.89	.925		2661.84		380.26
HOSP INPATIENT TOTAL	13	133	Ą	60,288.98	Ą	453.30	.826	Ş	4637.61	Ą	374.47
HSC HOSPITALS	4	46		48,500.00		1054.35	.286		12125.00		301.24
NON-HSC HOSPITAL TOTAL	4	46		48,500.00 513.82		513.82	.006		513.82		301.24
ACCOMMODATIONS	1	1		139.33		139.33	.006		139.33		.87
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	1		139.33		139.33	.006		139.33		.87
	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0		374.49		.00	.000		374.49		2.33
INPATIENT CROSSOVERS		86		11,275.16		131.11	.534		1409.40		70.03
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	16		933.37		58.34	.099		93.34		5.80
MEDICAL	10	1		53.45		53.45	.006		53.45		.33
SURGERY	0	0		.00		.00	.000		.00		.00
	3	13		174.98		13.46	.081		58.33		1.09
PATHOLOGY RADIOLOGY	2	3		129.81		43.27	.019		64.91		.81
ROOM USE	3	3		130.21		43.40	.019		43.40		.81
CROSSOVERS/ALL OTH OUTPTNT	-	4CR		444.92		111.23CR	.025CF	,	111.23		2.76
	10	54	\$	39,067.29	\$				3906.73	Ċ	242.65
@COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL		4 6	Ą	39,067.29	Ş	842.81	.286	Ş	6461.54	Ş	242.65
	3	34		37,100.00		1091.18	.211		12366.67		230.43
HSC HOSPITALS	3 1	1		•		606.16	.006				3.76
NON-HSC HOSPITALS TOTAL	1	1		606.16		230.29			606.16		1.43
ACCOMMODATIONS	1	1		230.29 230.29		230.29	.006		230.29 230.29		1.43
ADMINISTRATIVE DAYS	0	0				.00	.000		.00		
TRANSITIONAL IP CARE	0	0		.00							.00
ALL OTHER ACCOM	U	0		.00		.00	.000		.00		.00
ANCILLARIES	1	0 11		375.87		.00	.000		375.87		2.33
INPATIENT CROSSOVERS	0	0		1,063.06		96.64	.068		531.53		6.60
ALL OTHER INPATIENT	Ü	Ü		.00		.00	.000		.00		.00

CO HOSP OUTPATIENT TOTAL	4	8	298.07	37.26	.050	74.52	1.85
MEDICAL	1	1	31.28	31.28	.006	31.28	.19
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	3	42.05	14.02	.019	42.05	.26
RADIOLOGY	1	2	54.57	27.29	.012	54.57	.34
ROOM USE	2	2	66.22	33.11	.012	33.11	.41
CROSSOVERS/ALL OTH OUTPTNT	0	0	103.95	.00	.000	.00	.65
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURES MOI	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 8,123
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 55 ALL AGED					
					MON	THLY AVERA	GE
161 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	13	95 \$	22,155.06	\$ 233.21	.590 \$	1704.24	\$ 137.61
COMM HOSP INPATIENT TOTAL	7	87	21,519.76	247.35	.540	3074.25	133.66
HSC HOSPITALS	1	12	11,400.00	950.00	.075	11400.00	70.81
NON-HSC HOSPITALS TOTAL	0	0	92.34CR	.00	.000	.00	.57CR
ACCOMMODATIONS	0	0	90.96CR	.00	.000	.00	.56CR
ADMINISTRATIVE DAYS	0	0	90.96CR	.00	.000	.00	.56CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	1.38CR	.00	.000	.00	.01CR
INPATIENT CROSSOVERS	6	75	10,212.10	136.16	.466	1702.02	63.43
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6	8	635.30	79.41	.050	105.88	3.95
MEDICAL	0	0	22.17	.00	.000	.00	.14
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	10	132.93	13.29	.062	66.47	.83
RADIOLOGY	1	1	75.24	75.24	.006	75.24	.47
ROOM USE	1	1	63.99	63.99	.006	63.99	.40
CROSSOVERS/ALL OTH OUTPTNT	4	4CR	340.97	85.24CR	.025CR	85.24	2.12
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	14	365	\$	41,140.37	\$	112.71	2.267 \$	2938.60	\$	255.53
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	14	365		41,140.37		112.71	2.267	2938.60		255.53
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	1	3CR	\$	4,257.55	\$	1419.18CR	.019CR\$	4257.55	\$	26.44
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	1	3CR		4,257.55		1419.18CR	.019CR	4257.55		26.44
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	2	6	\$	87.83	\$	14.64	.037 \$	43.92	\$.55
PATHOLOGY	2	9		98.05		10.89	.056	49.03		.61
XO AND OTHERS	0	3CR		10.22CR		3.41	.019CR	.00		.06CR
@ORGANIZED OUTPATIENT CLINIC	1 , 515	2,375	\$	175,638.54	\$	73.95	14.752 \$	115.93	\$	1090.92
CLINIC	7	179		3,429.31		19.16	1.112	489.90		21.30
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1,512	2,196		172,209.23		78.42	13.640	113.89		1069.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITUF	RES MON	TH-OF-PAYMENT RE	POR	T FOR JAN	2002 THRU DEC	2002	P	AGE 8,124
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	55 ALL	AGED							
							MONT	TLA VILDY	CF	

MONTERET COUNTY	SUMMARI OF SER	VICES FOR 33 ALL AGED					
					MO	NTHLY AVERAG	E
161 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,133	10,377 \$	604,814.98	\$ 58.28	64.453	\$ 283.55	\$ 3756.61
DURABLE MED. EQUIP.	1	2	98.83	49.42	.012	98.83	.61
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	3	17	348.89	20.52	.106	116.30	2.17
AMBULANCES/AIR TRANS	2	14	310.51	22.18	.087	155.26	1.93
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	3	38.38	12.79	.019	38.38	.24
ACUPUNCTURE	2	12	205.45	17.12	.075	102.73	1.28
ADULT DAY HEALTH CARE CTR	138	2,110	139,015.05	65.88	13.106	1007.36	863.45
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	995	5 , 553	432,943.04	77.97	34.491	435.12	2689.09
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,029	2 , 197	27 , 717.76	12.62	13.646	26.94	172.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	1	52.70	52.70	.006	52.70	.33
HOSPICE SERVICES	1	30	3,142.80	104.76	.186	3142.80	19.52
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	2	3	29.49	9.83	.019	14.75	.18
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	17	452	1,260.97	2.79	2.807	74.17	7.83
@CALIF. CHILDREN SERVICES*	0	5CR \$	275.27CR \$	55.05	.031CR\$.00 \$	1.71CR
@XOVER EXCLUDING STATE HOSP**	46	85 \$	18,466.97 \$	217.26	.528 \$	401.46 \$	114.70

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,125
MOPD24 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 56 ALL BLIND					
					MON	THLY AVERA	.GE
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	480	5 , 599 \$	225,487.08	\$ 40.27	559.900 \$		\$ 22548.71
@PHYSICIANS SERVICES	34	61 \$	4,164.70	\$ 68.27	6.100 \$		•
OUTPATIENT VISITS	18	20	1,386.40	69.32	2.000	77.02	138.64
OFFICE VISITS	8	8	767.70	95.96	.800	95.96	76.77
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	3	186.93	62.31	.300	62.31	18.69
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	8	9	431.77	47.97	.900	53.97	43.18
INPATIENT VISITS	1	1	111.56	111.56	.100	111.56	11.16
HOSPITAL VISITS	1	1	111.56	111.56	.100	111.56	11.16
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	6	6	376.30	62.72	.600	62.72	37.63
EXAMINATIONS	6	6	376.30	62.72	.600	62.72	37.63
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	9	186.46	20.72	.900	186.46	18.65
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	9	186.46	20.72	.900	186.46	18.65
OUTPATIENT SURGERY	5	9	1,700.89	188.99	.900	340.18	170.09
PRINCIPAL SURGEON	4	7	1,573.27	224.75	.700	393.32	157.33
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	2	127.62	63.81	.200	127.62	12.76
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	23.21	23.21	.100	23.21	2.32
RADIOLOGY	6	9	60.45	6.72	.900	10.08	6.05
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	4	6	319.43	53.24	.600	79.86	31.94
@PHARMACY	168	2 , 376 \$	•	\$ 28.36	237.600 \$		
PRESCRIPTION DRUGS	149	251	59 , 728.03	237.96	25.100	400.86	5972.80
SNF/ICF	7	8	1,045.80	130.73	.800	149.40	104.58
OUTPATIENTS	144	243	58,682.23	241.49	24.300	407.52	5868.22
MEDICAL SUPPLIES	39	2,125	7,660.98	3.61	212.500	196.44	766.10
@DENTIST	97	454 \$	19,743.94	\$ 43.49	45.400 \$		\$ 1974.39
VISITS - DIAGNOSTIC	71	291	4,107.34	14.11	29.100	57.85	410.73
ORAL SURGERY	13	28	1,198.00	42.79	2.800	92.15	119.80
DRUGS	4	6	150.00	25.00	.600	37.50	15.00
ANESTHESIA	5	4	100.00	25.00	.400	20.00	10.00

PERIODONTICS	5	7	1,400.00	200.00	.700	280.00	140.00
ENDODONTICS	2	2	286.00	143.00	.200	143.00	28.60
RESTORATIVE DENTISTRY	20	80	6,414.00	80.18	8.000	320.70	641.40
PROSTHETICS	1	1	30.00	30.00	.100	30.00	3.00
DENTURES, STAYPLATES	9	32	6,023.60	188.24	3.200	669.29	602.36
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	1	35.00	35.00	.100	35.00	3.50
ALL OTHER SERVICES	2	2	.00	.00	.200	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES M	NONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE 8,126
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	R 56 ALL BLIN	ID				
					MON	THLY AVERAG	GE

							M	ONT.	HLY AVERA	GE.	
10 ELIGIBLES	USERS	UNITS OF SERVICE	<u>C</u>	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	Ξ		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	4	\$	97.91	\$	24.48	.400	\$	48.96	\$	9.79
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	2	4		97.91		24.48	.400		48.96		9.79
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	14	1,704	\$	50,583.89	\$	29.69	170.400	\$	3613.14	\$	5058.39
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	28	106	\$	7,773.18	\$	73.33	10.600	\$	277.61	\$	777.32
HOSP INPATIENT TOTAL	2	8		4,606.26		575.78	.800		2303.13		460.63
HSC HOSPITALS	1	7		2,122.40		303.20	.700		2122.40		212.24
NON-HSC HOSPITAL TOTAL	1	1		2,483.86		2483.86	.100		2483.86		248.39
ACCOMMODATIONS	1	1		782.59		782.59	.100		782.59		78.26
ADMINISTRATIVE DAYS	0	0		6.74		.00	.000		.00		.67
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		775.85		775.85	.100		775.85		77.59
ANCILLARIES	1	0		1,701.27		.00	.000		1701.27		170.13
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	26	98		3,166.92		32.32	9.800		121.80		316.69
MEDICAL	7	8		594.10		74.26	.800		84.87		59.41
SURGERY	1	1		120.18		120.18	.100		120.18		12.02
PATHOLOGY	6	34		702.10		20.65	3.400		117.02		70.21
RADIOLOGY	5	7		354.37		50.62	.700		70.87		35.44
ROOM USE	19	23		738.46		32.11	2.300		38.87		73.85
CROSSOVERS/ALL OTH OUTPINT	9	25		657.71		26.31	2.500		73.08		65.77
@COUNTY HOSPITAL TOTAL	1	1	\$	38.62	\$	38.62	.100	Ś	38.62	Ś	3.86
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	Ő	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	ŭ	3		. 3 0		• • •	• • • •		• • •		• • • •

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	1	1	38.62	38.62	.100	38.62	3.86
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	35.99	35.99	.100	35.99	3.60
CROSSOVERS/ALL OTH OUTPINT	0	0	2.63	.00	.000	.00	.26
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURES MO	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 8,127
MOP024	FEE-FOR-SERVICE/DEN	ΓAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 56 ALL BLINE					
					MO	NTHLY AVERAG	E

10 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ST UNITS/DAY		COST PER
		OR DAYS OF CARE	1			AY PER ELIG		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	105	\$	7,734.56	\$ 73.66		•	
COMM HOSP INPATIENT TOTAL	2	8		4,606.26	575.78		2303.13	460.63
HSC HOSPITALS	1	7		2,122.40	303.20		2122.40	212.24
NON-HSC HOSPITALS TOTAL	1	1		2,483.86	2483.86		2483.86	248.39
ACCOMMODATIONS	1	1		782.59	782.59	.100	782.59	78.26
ADMINISTRATIVE DAYS	0	0		6.74	.00	.000	.00	.67
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1		775.85	775.85	.100	775.85	77.59
ANCILLARIES	1	0		1,701.27	.00	.000	1701.27	170.13
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	25	97		3,128.30	32.25	9.700	125.13	312.83
MEDICAL	7	8		594.10	74.26	.800	84.87	59.41
SURGERY	1	1		120.18	120.18	.100	120.18	12.02
PATHOLOGY	6	34		702.10	20.65	3.400	117.02	70.21
RADIOLOGY	5	7		354.37	50.62	.700	70.87	35.44
ROOM USE	18	22		702.47	31.93	2.200	39.03	70.25
CROSSOVERS/ALL OTH OUTPINT	9	25		655.08	26.20	2.500	72.79	65.51
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$	8,895.87	\$.00	.000	\$.00	\$ 889.59
HOSPITAL BASED	0	0		.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0		8,895.87	.00	.000	.00	889.59
@REHABILITATION FACILITY	1	3	\$	133.52	\$ 44.51	.300	\$ 133.52	\$ 13.35
HOSPITAL BASED	1	3		133.52	44.51	.300	133.52	13.35

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	47.56	\$	23.78	.200	\$	23.78	\$	4.76
PATHOLOGY	2	2		47.56		23.78	.200		23.78		4.76
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	145	220	\$	16,118.12	\$	73.26	22.000	\$	111.16	\$	1611.81
CLINIC	1	2		224.00		112.00	.200		224.00		22.40
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	144	218		15,894.12		72.91	21.800		110.38		1589.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES M	IONTH-OF-PAYMENT R	REPORT	FOR JAN 2	2002 THRU 1	DEC	2002	F	AGE 8,128
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 56 ALI	BLIN	ID							
							MO	TNC	HLY AVERA	GΕ	
10 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	3 (COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	76	669	\$	50,539.38	\$	75.54	66.900	\$	664.99	\$	5053.94
DURABLE MED. EQUIP.	9	35		11,290.98		322.60	3.500		1254.55		1129.10
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	15	301		19,645.97		65.27	30.100		1309.73		1964.60
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	35	249		17,470.48		70.16	24.900		499.16		1747.05
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00

537.50

1,397.41

.00

.00

13.44

.00

69.87

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4.000

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2.000

33.59

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698.71

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53.75

139.74

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.00

40

0

20

16

0

0

2

OPTICIAN

PHYSICAL THERAPIST

PROSTHETIST/ORTHOTISTS

PORTABLE X-RAY

PROSTHETICS	2	20	1,397.41	69.87	2.000	698.71	139.74
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5	24	197.04	8.21	2.400	39.41	19.70
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	115	4,175	\$ 125,523.16	\$ 30.07	417.500	\$ 1091.51	\$ 12552.32
@XOVER EXCLUDING STATE HOSP**	1	1	\$ 8,913.08	\$ 8913.08	.100	\$ 8913.08	\$ 891.31

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MOP024

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 8,129

01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

HONIBREE COONIE	BOTH HILL OF BEIL	VICED FOR 37 MEE	DIOI			MON	ת משוות ע דעייו	GE
504 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
JO4 EDIGIDLES	ONERS	OR DAYS OF CARE		EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	24,230	225,383		12,240,906.71	\$ 54.31	447.188 \$		\$ 24287.51
@PHYSICIANS SERVICES	1,341			399,465.37		12.399		
OUTPATIENT VISITS	702	952	Ÿ	53,267.41		1.889		105.69
OFFICE VISITS	294	369		18,553.81	50.28			36.81
HOME VISITS	1	1			37.42			.07
EMERGENCY ROOM	189	222		18,132.80	81.68		95.94	
	109	0		.00	.00			
PREVENTIVE CARE	ŭ	•						.00
OB VISITS/COMPRE PERI	0	0		.00	.00			.00
OTHER OUTPATIENT	256			16,543.38				32.82
INPATIENT VISITS	221			106,421.09				
HOSPITAL VISITS	207	1,254		81,179.33				161.07
CRITICAL CARE	36	172			146.26			49.91
SNF/ICF/TRANS IP CARE	2	2		85.80	42.90			.17
OPHTHALMOLOGICAL SERVICES	20	24		1,332.58				2.64
EXAMINATIONS	20	24		1,332.58	55.52			2.64
SERVICES AND MATERIALS	0	0			.00		.00	.00
INPATIENT HOSPITAL SURGERY	111	1,146		112,449.93	98.12	2.274	1013.06	223.11
PRINCIPAL SURGEON	68	118		90,230.72	764.67	.234	1326.92	179.03
ASSISTANT SURGEON	7	7		2,494.86	356.41	.014	356.41	4.95
ANESTHESIOLOGIST	56	1,021		19,724.35	19.32	2.026	352.22	39.14
OUTPATIENT SURGERY	179	721		48,661.26	67.49	1.431	271.85	96.55
PRINCIPAL SURGEON	106	162		29,050.81	179.33	.321	274.06	57.64
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	85	559		19,610.45	35.08	1.109	230.71	38.91
DIALYSIS	6	41		1,898.10	46.30	.081	316.35	3.77
PATHOLOGY	54	167			30.41			10.08
RADIOLOGY	346	638		24,264.02	38.03		70.13	48.14
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	10	141		3,666.84	26.01	.280		7.28
OTHER SERVICES/ALL X-OVERS	381	991			42.81	1.966	111.35	84.18
@PHARMACY	11,721	59,003	Ś	5,867,682.50		117.069 \$		\$ 11642.23
PRESCRIPTION DRUGS	11,484	26,753			187.41	53.081	436.59	9947.94
SNF/ICF	677	2,183		355,914.78		4.331		706.18
OUTPATIENTS	10,850	24,570		4,657,848.92	189.57			9241.76
OOTIATIBILIO	10,000	24,570		1,007,010.92	100.07	10.750	747.43	2241.70

MEDICAL SUPPLIES	598	32 , 250		853 , 918.80		26.48	63.988	1427.96	1694.28
@DENTIST	5 , 644	26 , 359	\$	1,098,434.38	\$	41.67	52.300	\$ 194.62	\$ 2179.43
VISITS - DIAGNOSTIC	3 , 862	16,125		208,640.09		12.94	31.994	54.02	413.97
ORAL SURGERY	812	2,442		126,444.47		51.78	4.845	155.72	250.88
DRUGS	93	100		2,021.00		20.21	.198	21.73	4.01
ANESTHESIA	104	112		9,488.85		84.72	.222	91.24	18.83
PERIODONTICS	381	417		68,215.25		163.59	.827	179.04	135.35
ENDODONTICS	345	516		93,123.98		180.47	1.024	269.92	184.77
RESTORATIVE DENTISTRY	1,661	4,975		396,193.50		79.64	9.871	238.53	786.10
PROSTHETICS	46	52		1,115.00		21.44	.103	24.24	2.21
DENTURES, STAYPLATES	479	1,452		188,399.01		129.75	2.881	393.32	373.81
SPACE MAINTAINERS	2	2		120.00		60.00	.004	60.00	.24
MAXILLOFACIAL SERVICES	19	25		1,133.23		45.33	.050	59.64	2.25
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	46	55		3,540.00		64.36	.109	76.96	7.02
ALL OTHER SERVICES	72	86		.00		.00	.171	.00	.00
#CALIF DEPT OF HEALTH SERV MOP024 MONTEREY COUNTY	MEDI-CAL SERVICES . FEE-FOR-SERVICE/DE SUMMARY OF SERVICE	NTAL	RES MON DISABL		EPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 8,130 01/17/03

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER COST PER 504 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 4 100.56 \$ 25.14 .008 \$ 50.28 \$ DIAGNOSTIC AND ANC. PROCED 1 47.45 47.45 .002 47.45 .09 EYE APPLIANCES 53.11 17.70 .006 53.11 .11 .00 OTHER OPTOMETRIC SERVICES 0 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR 0 .00 .000 \$.00 \$.00 0 .00 .00 .00 .000 VISITS .00 0 22 21 OTHER SERVICES .00 .000 .00 .00 902.57 \$ 41.03 11 .044 \$ 82.05 \$ @PODIATRIST 1.79 877.47 10 41.78 .042 87.75 MEDICINE/INJECTIONS 1.74 0 .000 .00 SURGERY/ANES. 0 .00 .00 0 1 4,024 .000 RADIO./PATHOLOGY .00 .00 .00 .00 OTHER 25.10 25.10 .002 25.10 141,650.25 \$ 35.20 @HOME HEALTH AGENCY 7.984 \$ 1491.06 \$ 281.05 .00 \$.00 0 .000 \$.00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 \$ NURSE MIDWIFE 0 \$.00 \$.00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL 1,190 9,451 \$ HOSP INPATIENT TOTAL 258 2,012 1598.70 HSC HOSPITALS 194 1,350 2,158,241.20 2.679 11124.95 73 2093.21 .145 811.26 .145 NON-HSC HOSPITAL TOTAL 11 152,804.60 13891.33 ACCOMMODATIONS 11 59,221.89 5383.81 117.50 ADMINISTRATIVE DAYS 665.59 73.95 .018 665.59 0 .00 .00 914.94 0 .000 .00 .00 TRANSITIONAL IP CARE 10 58,556.30 ALL OTHER ACCOM 64 .127 5855.63 116.18 .000 0 8507.52 ANCILLARIES 93,582.71 .00 185.68 INPATIENT CROSSOVERS 589 49,567.52 84.16 1.169 901.23 98.35 0 0 .000 ALL OTHER INPATIENT .00 .00 .00 .00 998 7,439 318,468.40 42.81 14.760 319.11 HOSP OUTPATIENT TOTAL 631.88 614 41,873.78 1.218 145.90 287 68.20 83.08 MEDICAL 79 61.75 77.38 99 .196 SURGERY 6,112.82 6.885 80.05 .927 333.93 PATHOLOGY 418 3,470 33,460.07 9.64 66.39 188.06 RADIOLOGY 263 467 87,823.35 174.25 ROOM USE 956 37,100.61 38.81 1.897 59.84 73.61

CROSSOVERS/ALL OTH OUTPINT	369	1,833		112,097.77		61.16	3.637	303.79		222.42	
@COUNTY HOSPITAL TOTAL	279	1,576	\$	526,805.06	\$	334.27	3.127	\$ 1888.19	\$	1045.25	
CO HOSPITAL INPATIENT TOTAL	111	865		500,245.87		578.32	1.716	4506.72		992.55	
HSC HOSPITALS	72	380		456,304.00		1200.80	.754	6337.56		905.37	
NON-HSC HOSPITALS TOTAL	1	9		4,459.73		495.53	.018	4459.73		8.85	
ACCOMMODATIONS	1	9		1,842.44		204.72	.018	1842.44		3.66	
ADMINISTRATIVE DAYS	1	9		1,842.44		204.72	.018	1842.44		3.66	
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00	
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00	
ANCILLARIES	1	0		2,617.29		.00	.000	2617.29		5.19	
INPATIENT CROSSOVERS	39	476		39,482.14		82.95	.944	1012.36		78.34	
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00	
CO HOSP OUTPATIENT TOTAL	171	711		26,559.19		37.35	1.411	155.32		52.70	
MEDICAL	22	32		2,244.56		70.14	.063	102.03		4.45	
SURGERY	3	4		261.91		65.48	.008	87.30		.52	
PATHOLOGY	78	330		2,618.77		7.94	.655	33.57		5.20	
RADIOLOGY	47	57		8,555.77		150.10	.113	182.04		16.98	
ROOM USE	101	134		5,209.22		38.87	.266	51.58		10.34	
CROSSOVERS/ALL OTH OUTPINT	67	154		7,668.96		49.80	.306	114.46		15.22	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-	OF-PAYMENT F	REPOR	T FOR JAN	2002 THRU	DEC 2002	PA	AGE 8,131	
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03	j
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	57 ALI	DISABLED								

----- MONTHLY AVERAGE -----

504 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COS		S COST PER	101	COST PER
		OR DAYS OF CARE		PER UNIT/D	AY PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	939	7,875	\$ 2,152,276.66	\$ 273.30	15.625	\$ 2292.09	\$	4270.39
COMM HOSP INPATIENT TOTAL	151	1,147	1,860,367.45	1621.94	2.276	12320.31		3691.21
HSC HOSPITALS	126	970	1,701,937.20	1754.57	1.925	13507.44		3376.86
NON-HSC HOSPITALS TOTAL	10	64	148,344.87	2317.89	.127	14834.49		294.34
ACCOMMODATIONS	10	64	57,379.45	896.55	.127	5737.95		113.85
ADMINISTRATIVE DAYS	0	0	1,176.85CR	.00	.000	.00		2.34CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	10	64	58,556.30	914.94	.127	5855.63		116.18
ANCILLARIES	10	0	90,965.42	.00	.000	9096.54		180.49
INPATIENT CROSSOVERS	16	113	10,085.38	89.25	.224	630.34		20.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	847	6 , 728	291,909.21	43.39	13.349	344.64		579.18
MEDICAL	267	582	39,629.22	68.09	1.155	148.42		78.63
SURGERY	76	95	5,850.91	61.59	.188	76.99		11.61
PATHOLOGY	343	3,140	30,841.30	9.82	6.230	89.92		61.19
RADIOLOGY	220	410	79 , 267.58	193.34	.813	360.31		157.28
ROOM USE	528	822	31,891.39	38.80	1.631	60.40		63.28
CROSSOVERS/ALL OTH OUTPINT	310	1,679	104,428.81	62.20	3.331	336.87		207.20
@STATE HOSPITAL	11	354	\$ 200,755.68	\$ 567.11	.702	\$ 18250.52	\$	398.32
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	11	354	200,755.68	567.11	.702	18250.52		398.32
@NURSING FACILITY	9	145	\$ 22,271.48	\$ 153.60	.288	\$ 2474.61	\$	44.19
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	9	145	22,271.48	153.60		2474.61		44.19
@INTERMEDIATE CARE FACILDD	1	31	\$	\$ 148.23		•	\$	
ICF DDH	1	31	4,595.17	148.23		4595.17		9.12
ICF DD	0	0	.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	14	505	\$	85,188.82	\$	168.69	1.002	\$	6084.92	\$	169.03
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	14	505		85,188.82		168.69	1.002		6084.92		169.03
@REHABILITATION FACILITY	54	595	\$	18,701.46	\$	31.43	1.181	\$	346.32	\$	37.11
HOSPITAL BASED	35	85		12,824.21		150.87	.169		366.41		25.44
INDEPENDENT FACILITY	20	510		5 , 877.25		11.52	1.012		293.86		11.66
@LABORATORY FACILITY	31	118	\$	1,614.26	\$	13.68	.234	\$	52.07	\$	3.20
PATHOLOGY	31	118		1,614.26		13.68	.234		52.07		3.20
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5,028	7,406	\$	574,452.60	\$	77.57	14.694	\$	114.25	\$	1139.79
CLINIC	1	1		162.05		162.05	.002		162.05		.32
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	7	119		1,376.32		11.57	.236		196.62		2.73
RURAL HEALTH CLINIC	5,020	7,286		572,914.23		78.63	14.456		114.13		1136.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2002 THRU	DEC	2002	F	PAGE 8,132
MOP024	FEE-FOR-SERVICE/DEN	ITAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 57 ALL	DISA	BLED							

504						ONIDLI AVERA	
504 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
_		OR DAYS OF CARE		PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2,965	111,117	\$ 1,146,009.89	\$ 10.31	220.470		
DURABLE MED. EQUIP.	292	1,172	348,843.63	297.65	2.325	1194.67	692.15
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	67	302	27 , 302.27	90.40	.599	407.50	
MEDICAL TRANSPORTATION	40	2,116	25 , 293.85	11.95	4.198	632.35	50.19
AMBULANCES/AIR TRANS	34	2,093	18,425.79	8.80	4.153	541.94	36.56
OTHER TRANS	1	6	40.50	6.75	.012	40.50	.08
OTHER SERVICES	8	17	6 , 827.56	401.62	.034	853.45	13.55
ACUPUNCTURE	1	1	16.22	16.22	.002	16.22	.03
ADULT DAY HEALTH CARE CTR	52	934	61,030.19	65.34	1.853	1173.66	121.09
GENETIC DISEASE TESTING	18	18	1,463.00	81.28	.036	81.28	2.90
IHMC, MODEL-NF, NF, AIDS, MSSP	510	9,391	409,646.43	43.62	18.633	803.23	812.79
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1,490	3,231	38,046.62	11.78	6.411	25.53	75.49
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	2	4	98.94	24.74	.008	49.47	.20
PROSTHETIST/ORTHOTISTS	54	476	57,643.44	121.10	.944	1067.47	114.37
PROSTHETICS	54	476	57,643.44	121.10	.944	1067.47	114.37
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	10	22	1,120.68	50.94	.044	112.07	2.22
SPEECH AND AUDIOLOGY	5	11	484.47	44.04	.022	96.89	.96
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	369	6,782	43,591.28	6.43	13.456	118.13	86.49
EPSDT SUPPLEMENTAL SERVICE	24	3,131	109,625.14	35.01	6.212	4567.71	217.51
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	107	83,526	21,803.73	.26	165.726	203.77	43.26
@CALIF. CHILDREN SERVICES*	2,709	117,258	\$ 5,082,825.25	\$ 43.35	232.655	\$ 1876.27	\$ 10084.97
@XOVER EXCLUDING STATE HOSP**	120	777	\$ 130,946.56	•	1.542		
0.1 =0==== =============================			 				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

MOP024

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HONTERED COONTI	DOTHMING OF DELIV	VICED 1010 50 1111 1111	111110				
					MO	NTHLY AVERA	AGE
101,289 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDI'	TURES AVERAGE COS	T UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	93,398	340,260 \$	24,473,7		3.359	\$ 262.04	
@PHYSICIANS SERVICES	7 , 573	23,517 \$	2,094,6	22.90 \$ 89.07	.232	\$ 276.59	\$ 20.68
OUTPATIENT VISITS	3 , 527	6 , 178	262,9	11.96 42.56	.061	74.54	2.60
OFFICE VISITS	634	783	37,6	61.21 48.10	.008	59.40	.37
HOME VISITS	6	6	2	81.24 46.87	.000	46.87	.00
EMERGENCY ROOM	1,597	1,739	91,0	50.56 52.36	.017	57.01	.90
PREVENTIVE CARE	5	5	2.	36.15 47.23	.000	47.23	.00
OB VISITS/COMPRE PERI	1,007	3,164	115,1	31.67 36.39	.031	114.33	1.14
OTHER OUTPATIENT	428	481	18,5		.005	43.34	.18
INPATIENT VISITS	1,591	5 , 687	512,9		.056	322.43	5.06
HOSPITAL VISITS	1,388	3 , 576	170,4		.035	122.81	1.68
CRITICAL CARE	312	2,110	342,5	01.34 162.32	.021	1097.76	3.38
SNF/ICF/TRANS IP CARE	1	1		27.50 27.50	.000	27.50	.00
OPHTHALMOLOGICAL SERVICES	42	61	•	80.39 55.42	.001	80.49	.03
EXAMINATIONS	42	61	3,3	80.39 55.42	.001	80.49	.03
SERVICES AND MATERIALS	0	0		.00 .00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1,283	3,748	664 , 9		.037	518.30	6.57
PRINCIPAL SURGEON	1,028	1,141	579 , 41		.011	563.63	5.72
ASSISTANT SURGEON	78	79	13,9		.001	178.45	.14
ANESTHESIOLOGIST	305	2 , 528	•	44.88 28.34	.025	234.90	.71
OUTPATIENT SURGERY	469	1,078	•	14.59 90.27	.011	207.49	.96
PRINCIPAL SURGEON	410	536	•	76.24 151.26	.005	197.75	.80
ASSISTANT SURGEON	1	1		48.92 148.92	.000	148.92	.00
ANESTHESIOLOGIST	142	541	•	89.43 29.74	.005	113.31	.16
DIALYSIS	11	56	•	92.46 64.15	.001	326.59	.04
PATHOLOGY	696	1,222	•	56.77 18.62	.012	32.70	.22
RADIOLOGY	2,088	3,062	104,2		.030	49.95	1.03
PSYCHIATRY	1	3	1:	30.26 43.42	.000	130.26	.00

IMMUNIZATION AND INJECTION	132	320		3,989.24		12.47	.003		30.22		.04
OTHER SERVICES/ALL X-OVERS	1,056	2,102		418,285.64		198.99	.021		396.10		4.13
@PHARMACY	6,107	14,195	\$	951,981.60	\$	67.06	.140	\$	155.88	\$	9.40
PRESCRIPTION DRUGS	5 , 930	10,865		664,414.90		61.15	.107		112.04		6.56
SNF/ICF	8	14		946.23		67.59	.000		118.28		.01
OUTPATIENTS	5 , 923	10,851		663,468.67		61.14	.107		112.02		6.55
MEDICAL SUPPLIES	452	3,330		287,566.70		86.36	.033		636.21		2.84
@DENTIST	26 , 953	153 , 439	\$	4,658,174.43	\$	30.36	1.515	\$	172.83	\$	45.99
VISITS - DIAGNOSTIC	19 , 535	96 , 912		1,207,498.44		12.46	.957		61.81		11.92
ORAL SURGERY	3 , 540	6,808		403,337.24		59.24	.067		113.94		3.98
DRUGS	4,203	4,729		107,729.83		22.78	.047		25.63		1.06
ANESTHESIA	297	313		28,125.00		89.86	.003		94.70		.28
PERIODONTICS	816	846		136,311.05		161.12	.008		167.05		1.35
ENDODONTICS	2,643	5,214		531 , 728.77		101.98	.051		201.18		5.25
RESTORATIVE DENTISTRY	10 , 975	36,112		2,041,587.67		56.53	.357		186.02		20.16
PROSTHETICS	58	60		1,517.50		25.29	.001		26.16		.01
DENTURES, STAYPLATES	178	787		69,910.50		88.83	.008		392.76		.69
SPACE MAINTAINERS	261	310		32,842.11		105.94	.003		125.83		.32
MAXILLOFACIAL SERVICES	64	67		3,520.00		52.54	.001		55.00		.03
FRACTURES, DISLOCATIONS	4	6		3 , 543.75		590.63	.000		885.94		.03
ORTHODONTIC SERVICES	828	1,017		89 , 589.57		88.09	.010		108.20		.88
ALL OTHER SERVICES	237	258		933.00		3.62	.003		3.94		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES N	MONTH-OF-PAYMENT RI	EPOR:	r for Jan	2002 THRU	DEC	2002	PA	GE 8,134
MOP024	FEE-FOR-SERVICE/DE	ENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICE	ES FOR 58 ALL	FAM:	ILIES							

----- MONTHLY AVERAGE -----101,289 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 6 20 498.64 24.93 .000 \$ 83.11 \$.00 6 284.70 47.45 .000 47.45 .00 DIAGNOSTIC AND ANC. PROCED 213.94 15.28 35.66 EYE APPLIANCES 14 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .000 \$.00 @CHIROPRACTOR .00 .00 \$.00 .00 .00 VISITS .00 .000 OTHER SERVICES 0 .00 .00 .000 .00 .00 1 47.54 \$ 47.54 .000 \$ 47.54 \$.00 @PODIATRIST .00 .00 .00 MEDICINE/INJECTIONS .000 .00 47.54 47.54 SURGERY/ANES. 47.54 .000 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 462 740 48,528.25 65.58 .007 \$ 105.04 .48 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 NURSE MIDWIFE 0 .00 .00 .000 \$.00 \$.00 PEDIATRIC NURSE PRACTITIONER 0 .00 .00 .000 \$.00 .00 .00 .00 .000 \$.00 FAMILY NURSE PRACTITIONER 7,597 29,752 .294 \$ 1332.13 \$ 10,120,160.20 340.15 @TOTAL HOSPITAL 99.91 6,624 HOSP INPATIENT TOTAL 1,497 9,456,620.83 1427.63 .065 6317.05 93.36 69.73 HSC HOSPITALS 1,211 5,488 7,063,318.51 1287.05 .054 5832.63 NON-HSC HOSPITAL TOTAL 293 1,136 2,393,302.32 2106.78 .011 8168.27 23.63 290 1,136 733.71 8.23 ACCOMMODATIONS 833,496.02 .011 2874.12 1,374.55 152.73 .000 687.28 ADMINISTRATIVE DAYS .01 0 0 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 1,127 288 738.35 .011 ALL OTHER ACCOM 832,121.47 2889.31 8.22 ANCILLARIES 293 0 1,559,806.30 .00 .000 5323.57 15.40 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

HOSP OUTPATIENT TOTAL	6,539	23,128		663,539.37	28.69	.228	101.47		6.55
MEDICAL	581	853		49,894.37	58.49	.008	85.88		.49
SURGERY	258	325		18,420.50	56.68	.003	71.40		.18
PATHOLOGY	3,437	11,637		140,976.77	12.11	.115	41.02		1.39
RADIOLOGY	1,318	1,649		151,178.30	91.68	.016	114.70		1.49
ROOM USE	3,305	4,697		173,993.11	37.04	.046	52.65		1.72
CROSSOVERS/ALL OTH OUTPINT	2,261	3,967		129,076.32	32.54	.039	57.09		1.27
@COUNTY HOSPITAL TOTAL	4,279	15,312	\$	3,907,182.10	\$ 255.17	.151	\$ 913.11	\$	38.57
CO HOSPITAL INPATIENT TOTAL	899	2,990		3,610,064.66	1207.38	.030	4015.64		35.64
HSC HOSPITALS	899	2,983		3,608,107.90	1209.56	.029	4013.47		35.62
NON-HSC HOSPITALS TOTAL	1	7		1,956.76	279.54	.000	1956.76		.02
ACCOMMODATIONS	1	7		1,595.88	227.98	.000	1595.88		.02
ADMINISTRATIVE DAYS	1	7		1,595.88	227.98	.000	1595.88		.02
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	1	0		360.88	.00	.000	360.88		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	3,623	12,322		297,117.44	24.11	.122	82.01		2.93
MEDICAL	175	231		10,549.90	45.67	.002	60.29		.10
SURGERY	104	137		5,336.75	38.95	.001	51.31		.05
PATHOLOGY	1,762	5 , 909		68,222.65	11.55	.058	38.72		.67
RADIOLOGY	653	780		52 , 345.67	67.11	.008	80.16		.52
ROOM USE	2,159	3,191		111,447.51	34.93	.032	51.62		1.10
CROSSOVERS/ALL OTH OUTPINT	1,316	2,074		49,214.96	23.73	.020	37.40		.49
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES I	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PA	AGE 8,135
MOP024	FEE-FOR-SERVICE/DEN	ITAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 58 ALL	FAM:	ILIES					

HOWIERE COUNTY		TODO TOTO GO TIED		1110		M	ONTHLY AVERAGI	7
101,289 ELIGIBLES	USERS	UNITS OF SERVICE	e.	EXPENDITURES	AVERAGE COST		-	COST PER
101,203 22101222	00210	OR DAYS OF CARE		2111 2113 1 1 01120	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,463	14,440	\$	6,212,978.10	\$ 430.26	.143	\$ 1794.10	\$ 61.34
COMM HOSP INPATIENT TOTAL	606	3,634		5,846,556.17	1608.85	.036	9647.78	57.72
HSC HOSPITALS	318	2,505		3,455,210.61	1379.33	.025	10865.44	34.11
NON-HSC HOSPITALS TOTAL	292	1,129		2,391,345.56	2118.11	.011	8189.54	23.61
ACCOMMODATIONS	289	1,129		831,900.14	736.85	.011	2878.55	8.21
ADMINISTRATIVE DAYS	1	2		221.33CR	110.67CR	.000	221.33CR	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	288	1,127		832,121.47	738.35	.011	2889.31	8.22
ANCILLARIES	292	0		1,559,445.42	.00	.000	5340.57	15.40
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3,010	10,806		366,421.93	33.91	.107	121.73	3.62
MEDICAL	407	622		39,344.47	63.25	.006	96.67	.39
SURGERY	154	188		13,083.75	69.59	.002	84.96	.13
PATHOLOGY	1,701	5 , 728		72,754.12	12.70	.057	42.77	.72
RADIOLOGY	667	869		98,832.63	113.73	.009	148.17	.98
ROOM USE	1,166	1,506		62 , 545.60	41.53	.015	53.64	.62
CROSSOVERS/ALL OTH OUTPTNT	959	1,893		79 , 861.36	42.19	.019	83.28	.79
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	•	
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	1	26	\$	2,995.46	\$ 115.21		\$ 2995.46	
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	1	26		2,995.46		115.21	.000		2995.46		.03
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	27	1,676	\$	125,217.54	\$	74.71	.017	\$	4637.69	\$	1.24
HOSPITAL BASED	5	203		78,231.34		385.38	.002		15646.27		.77
HEMODIALYSIS CENTER	22	1,473		46,986.20		31.90	.015		2135.74		.46
@REHABILITATION FACILITY	51	448	\$	7,926.03	\$	17.69	.004	\$	155.41	\$.08
HOSPITAL BASED	32	64		3,031.78		47.37	.001		94.74		.03
INDEPENDENT FACILITY	19	384		4,894.25		12.75	.004		257.59		.05
@LABORATORY FACILITY	1,953	4,054	\$	99,622.45	\$	24.57	.040	\$	51.01	\$.98
PATHOLOGY	1,953	4,054		99,622.45		24.57	.040		51.01		.98
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	45,410	72 , 255	\$	5,766,114.22	\$	79.80	.713	\$		\$	56.93
CLINIC	472	1,760		45,590.74		25.90	.017		96.59		.45
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	3	48		552.12		11.50	.000		184.04		.01
RURAL HEALTH CLINIC	44,948	70,447		5,719,971.36		81.20	.696		127.26		56.47
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES M	ONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	PΖ	AGE 8,136
MOP024	FEE-FOR-SERVICE/DE										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICE	S FOR 58 ALL	FAMI	LIES							

----- MONTHLY AVERAGE -----

USERS			EXPENDITURES				COST PER
							ELIGIBLE
10,313	•	\$	597 , 871.18	•		\$ 57.97	\$ 5.90
106	570		53 , 576.36	93.99	.006	505.44	.53
0	0		.00	.00	.000	.00	.00
= :	162		19,205.02	118.55	.002	408.62	.19
161	4,802		81,173.75	16.90	.047	504.18	.80
158	4,784		52,448.75	10.96	.047	331.95	.52
0	0		.00	.00	.000	.00	.00
18	18		28,725.00	1595.83	.000	1595.83	.28
0	0		.00	.00	.000	.00	.00
3	12		808.47	67.37	.000	269.49	.01
1,412	1,418		114,550.50	80.78	.014	81.13	1.13
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
3 , 159	6,706		65,066.91	9.70	.066	20.60	.64
234	614		37,206.20	60.60	.006	159.00	.37
1	1		17.30	17.30	.000	17.30	.00
101	378		37,836.50	100.10	.004	374.62	.37
61	323		32,377.61	100.24	.003	530.78	.32
51	55		5,458.89	99.25	.001	107.04	.05
16	56		3,722.41	66.47	.001	232.65	.04
21	64		6,180.76	96.57	.001	294.32	.06
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
5,131	18,986		177,267.80	9.34	.187	34.55	1.75
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
0	0		.00	.00	.000	.00	.00
9	6,368		1,259.20	.20	.063	139.91	.01
2,782	27 , 069	\$	6,098,542.39	\$ 225.30	.267	\$ 2192.14	\$ 60.21
	0 47 161 158 0 18 0 3 1,412 0 0 3,159 234 1 101 61 51 16 21 0 0 5,131	OR DAYS OF CARE 10,313 40,137 \$ 597,871.18 \$ 14.90 106 570 53,576.36 93.99 0 0 00000 47 162 19,205.02 118.55 161 4,802 81,173.75 16.90 158 4,784 52,448.75 10.96 0 0 00000 18 18 28,725.00 1595.83 0 0 00000 3 12 808.47 67.37 1,412 1,418 114,550.50 80.78 0 0 00000 3,159 6,706 65,066.91 9.70 234 614 37,206.20 60.60 1 1 1 1 17.30 17.30 101 378 37,836.50 100.10 61 323 323 32,377.61 100.24 51 55 5,458.89 99.25 16 56 3,722.41 66.47 21 64 6,180.76 96.57 0 0 000 0 0 000 5,131 18,986 177,267.80 9.34 0 0 0 0 0.00	USERS UNITS OF SERVICE OR DAYS OF CARE OF CARE OF UNITS OF CARE OF CARE OF UNITS OF CARE O	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 10,313 40,137 \$ 597,871.18 \$ 14.90 .396 \$ 57.97 106 570 53,576.36 93.99 .006 505.44 0 0 .00 .00 .000 .00 47 162 19,205.02 118.55 .002 408.62 161 4,802 81,173.75 16.90 .047 504.18 158 4,784 52,448.75 10.96 .047 331.95 0 0 .00 .00 .00 .00 18 18 28,725.00 1595.83 .000 1595.83 0 0 .00 .00 .00 .00 3 12 808.47 67.37 .000 269.49 1,412 1,418 114,550.50 80.78 .014 81.13 0 0 .00 .00 .00 .00 .00 234 614			

@XOVER EXCLUDING STATE HOSP** 5 35 \$ 970.94 \$ 27.74 .000 \$ 194.19 \$.01

01/17/03

----- MONTHLY AVERAGE -----

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,137 MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

						ILLI AVEKA	
372 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY		COST PER USER	COST PER ELIGIBLE
@TOTAL, ALL PROVIDERS	2,298	13,944 \$	713,130.67	\$ 51.14	37.484 \$		\$ 1917.02
@PHYSICIANS SERVICES	135	566 \$	50,667.33	\$ 89.52	1.522 \$		
OUTPATIENT VISITS	54	59	3,299.22	55.92	.159	61.10	8.87
OFFICE VISITS	2.3	25	1,533.21	61.33	.067	66.66	4.12
HOME VISITS	0	0	.00	.00	.000	.00	.00
	18	19	1,227.72	64.62	.051	68.21	3.30
EMERGENCY ROOM	1	1		65.78	.003	65.78	
PREVENTIVE CARE	0	0	65.78				.18
OB VISITS/COMPRE PERI	•	•	.00	.00	.000	.00	.00
OTHER OUTPATIENT	13	14	472.51	33.75	.038	36.35	1.27
INPATIENT VISITS	28	161	23,548.50	146.26	.433	841.02	63.30
HOSPITAL VISITS	24	136	8,230.87	60.52	.366	342.95	22.13
CRITICAL CARE	7	25	15,317.63	612.71	.067	2188.23	41.18
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	4	161.45	40.36	.011	40.36	.43
EXAMINATIONS	4	4	161.45	40.36	.011	40.36	.43
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	22	168	13,063.63	77.76	.452	593.80	35.12
PRINCIPAL SURGEON	13	26	9,082.78	349.34	.070	698.68	24.42
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	15	142	3,980.85	28.03	.382	265.39	10.70
OUTPATIENT SURGERY	14	55	6,105.02	111.00	.148	436.07	16.41
PRINCIPAL SURGEON	8	18	4,580.99	254.50	.048	572.62	12.31
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	8	37	1,524.03	41.19	.099	190.50	4.10
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	4	7.21	1.80	.011	3.61	.02
RADIOLOGY	36	50	2,317.95	46.36	.134	64.39	6.23
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	23	65	2,164.35	33.30	.175	94.10	5.82
@PHARMACY	194	1,562 \$		\$ 38.02	4.199 \$		
PRESCRIPTION DRUGS	180	378	53,509.31	141.56	1.016	297.27	143.84
SNF/ICF	20	43	6,174.01	143.58	.116	308.70	16.60
OUTPATIENTS	160	335	47,335.30	141.30	.901	295.85	127.25
MEDICAL SUPPLIES	30	1,184	5,875.83	4.96	3.183	195.86	15.80
@DENTIST	655	3,844 \$	107,005.41	\$ 27.84	10.333 \$		
VISITS - DIAGNOSTIC	492	2,386	29,382.40	12.31	6.414	59.72	78.98
ORAL SURGERY	93	189	15,640.00	82.75	.508	168.17	42.04
DRUGS	104	119	2,483.75	20.87	.320	23.88	6.68
	15	15	1,175.00	78.33	.040	78.33	3.16
ANESTHESIA	7						
PERIODONTICS	•	7	1,079.00	154.14	.019	154.14	2.90
ENDODONTICS	45	105	7,790.86	74.20	.282	173.13	20.94
RESTORATIVE DENTISTRY	252	930	44,059.40	47.38	2.500	174.84	118.44
PROSTHETICS	1	1	30.00	30.00	.003	30.00	.08
DENTURES, STAYPLATES	2	12	530.00	44.17	.032	265.00	1.42
SPACE MAINTAINERS	6	8	840.00	105.00	.022	140.00	2.26

MAXILLOFACIAL SERVICES	5	7	300.00	42.86	.019	60.00	.81
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	34	42	3,648.00	86.86	.113	107.29	9.81
ALL OTHER SERVICES	11	23	47.00	2.04	.062	4.27	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 8,138
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES F	OR 59 ALL ME	DICALLY INDIGENT				

MONIEREI COUNTI	SUMMARI OF SER	VICES FOR	39 ALL 1	MEDI	CALLI INDIGENI							
								MO	ГИC	THLY AVERA	GΕ	
372 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	4		14	\$	266.18	\$	19.01	.038	\$	66.55	\$.72
DIAGNOSTIC AND ANC. PROCED	2		2		94.90		47.45	.005		47.45		.26
EYE APPLIANCES	4		12		171.28		14.27	.032		42.82		.46
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	15		108	\$	4,940.75	\$	45.75	.290	\$	329.38	\$	13.28
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	105		701	\$	306,451.04	\$	437.16	1.884	\$	2918.58	\$	823.79
HOSP INPATIENT TOTAL	17		196		284,792.15		1453.02	.527		16752.48		765.57
HSC HOSPITALS	16		189		276,145.50		1461.09	.508		17259.09		742.33
NON-HSC HOSPITAL TOTAL	1		7		8,646.65		1235.24	.019		8646.65		23.24
ACCOMMODATIONS	1		7		4,554.80		650.69	.019		4554.80		12.24

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7	4,554.80	650.69	.019	4554.80	12.24
ANCILLARIES	1	0	4,091.85	.00	.000	4091.85	11.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	90	505	21,658.89	42.89	1.358	240.65	58.22
MEDICAL	24	61	3,747.08	61.43	.164	156.13	10.07
SURGERY	4	6	622.10	103.68	.016	155.53	1.67
PATHOLOGY	20	149	1,552.15	10.42	.401	77.61	4.17
RADIOLOGY	37	48	5,049.47	105.20	.129	136.47	13.57
ROOM USE	44	60	2,242.50	37.38	.161	50.97	6.03
CROSSOVERS/ALL OTH OUTPINT	35	181	8,445.59	46.66	.487	241.30	22.70
@COUNTY HOSPITAL TOTAL	27	63	\$ 20,659.50	\$ 327.93	.169 \$	765.17	\$ 55.54
CO HOSPITAL INPATIENT TOTAL	2	16	19,200.00	1200.00	.043	9600.00	51.61
HSC HOSPITALS	2	16	19,200.00	1200.00	.043	9600.00	51.61
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	25	47	1,459.50	31.05	.126	58.38	3.92
MEDICAL	4	6	273.06	45.51	.016	68.27	.73
SURGERY	1	1	8.71	8.71	.003	8.71	.02
PATHOLOGY	2	7	154.35	22.05	.019	77.18	.41
RADIOLOGY	15	18	543.29	30.18	.048	36.22	1.46
ROOM USE	11	11	433.57	39.42	.030	39.42	1.17
CROSSOVERS/ALL OTH OUTPTNT	3	4	46.52	11.63	.011	15.51	.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE:	S MONTH-OF-PAYMENT H	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 8,139
MOP024	FEE-FOR-SERVICE,						01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 59 ALL M	EDICALLY INDIGENT				
					MON		-
372 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	81		\$ 285,791.54	\$ 447.95	1.715 \$		\$ 768.26
COMM HOSP INPATIENT TOTAL	15	180	265,592.15	1475.51	.484	17706.14	713.96
HSC HOSPITALS	14	173	256,945.50	1485.23	.465	18353.25	690.71

372 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY			COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	81	638	\$ 285,791.54	\$ 447.95	1.715	\$ 3528.29	\$ 768.26
COMM HOSP INPATIENT TOTAL	15	180	265,592.15	1475.51	.484	17706.14	713.96
HSC HOSPITALS	14	173	256,945.50	1485.23	.465	18353.25	690.71
NON-HSC HOSPITALS TOTAL	1	7	8,646.65	1235.24	.019	8646.65	23.24
ACCOMMODATIONS	1	7	4,554.80	650.69	.019	4554.80	12.24
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	7	4,554.80	650.69	.019	4554.80	12.24
ANCILLARIES	1	0	4,091.85	.00	.000	4091.85	11.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	68	458	20,199.39	44.10	1.231	297.05	54.30
MEDICAL	20	55	3,474.02	63.16	.148	173.70	9.34
SURGERY	3	5	613.39	122.68	.013	204.46	1.65
PATHOLOGY	18	142	1,397.80	9.84	.382	77.66	3.76
RADIOLOGY	22	30	4,506.18	150.21	.081	204.83	12.11
ROOM USE	33	49	1,808.93	36.92	.132	54.82	4.86
CROSSOVERS/ALL OTH OUTPINT	32	177	8,399.07	47.45	.476	262.47	22.58
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	8	49	\$	1,089.94	\$	22.24	.132	\$	136.24	\$	2.93
HOSPITAL BASED	4	8		250.54		31.32	.022		62.64		.67
INDEPENDENT FACILITY	4	41		839.40		20.47	.110		209.85		2.26
@LABORATORY FACILITY	4	7	\$	105.00	\$	15.00	.019	\$	26.25	\$.28
PATHOLOGY	4	7		105.00		15.00	.019		26.25		.28
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,107	1,805	\$	137,940.33	\$	76.42	4.852	\$	124.61	\$	370.81
CLINIC	1	5		45.36		9.07	.013		45.36		.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,106	1,800		137,894.97		76.61	4.839		124.68		370.69
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES MC	NTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 8,140
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES										

					===== MON	ITLI AVERA	GE
372 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	243	5 , 288 \$	45,279.55	\$ 8.56	14.215 \$	186.34	\$ 121.72
DURABLE MED. EQUIP.	11	41	9,010.00	219.76	.110	819.09	24.22
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	6	33	3,664.65	111.05	.089	610.78	9.85
AMBULANCES/AIR TRANS	5	30	589.65	19.66	.081	117.93	1.59
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	3	3	3,075.00	1025.00	.008	1025.00	8.27
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	66	67	5,522.00	82.42	.180	83.67	14.84
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	70	146	1,250.46	8.56	.392	17.86	3.36
PHYSICAL THERAPIST	1	1	113.31	113.31	.003	113.31	.30
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	11	10,256.53	932.41	.030	2564.13	27.57
PROSTHETICS	4	11	10,256.53	932.41	.030	2564.13	27.57
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	3	13	854.72	65.75	.035	284.91	2.30
SPEECH AND AUDIOLOGY	5	10	4,791.95	479.20	.027	958.39	12.88
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	79	1,145	9,221.37	8.05	3.078	116.73	24.79
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	3,821	594.56	.16	10.272	118.91	1.60
@CALIF. CHILDREN SERVICES*	163	1,454	\$ 379,142.64	\$ 260.76	3.909	\$ 2326.03	\$ 1019.20
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,141 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVICE	/DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERV		60 RENA	L DIA	LYSIS		AID COD	ES				
								MC	HTNC	LY AVERA	GE	
14 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES			UNITS/DAYS	s C	OST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	11		76	\$	2,249.65	\$	29.60	5.429	\$	204.51	\$	160.69
@PHYSICIANS SERVICES	9		62	\$	131.00	\$	2.11	4.429	\$	14.56	\$	9.36
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	9		62		131.00		2.11	4.429		14.56		9.36
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00		.00
SNF/ICF	0		0		.00		.00	.000		.00		.00
OUTPATIENTS	0		0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00		.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 8,142
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 60 RENAL DIAL	LYSIS	AID COI	DES		
					MON	THLY AVERAG	E
14 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
OTHER OFTOMETRIC SERVICES	0		.00	.00	.000	.00	.00

14 611616165	USEKS	UNIIS OF SERVICE	EXPENDITORES		LRAGE COSI		>	COSI PER	COSI PER
		OR DAYS OF CARE			R UNIT/DAY			USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00	.00
EYE APPLIANCES	0	0	.00		.00	.000		.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00	.00
OTHER SERVICES	0	0	.00		.00	.000		.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00	.00
SURGERY/ANES.	0	0	.00		.00	.000		.00	.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00	.00
OTHER	0	0	.00		.00	.000		.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	2	\$ 8.50	\$	4.25	.143	\$	8.50	\$.61
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00	.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00	.00
ANCILLARIES	0	0	.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00	.00
HOSP OUTPATIENT TOTAL	1	2	8.50		4.25	.143		8.50	.61
MEDICAL	0	0	.00		.00	.000		.00	.00
SURGERY	0	0	.00		.00	.000		.00	.00
PATHOLOGY	0	0	.00		.00	.000		.00	.00
RADIOLOGY	0	0	.00		.00	.000		.00	.00
ROOM USE	0	0	.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPINT	1	2	8.50		4.25	.143		8.50	.61
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	•	.00	.000		.00	.00
HSC HOSPITALS	0	0	.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	Ō	0	.00		.00	.000		.00	.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00	.00
	-	•							-

ADMINISTRATIVE DAYS	0	(.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	(.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	(.00	.00	.000	.00		.00
ANCILLARIES	0	(.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	(.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	(.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	(.00	.00	.000	.00		.00
MEDICAL	0	(.00	.00	.000	.00		.00
SURGERY	0	(.00	.00	.000	.00		.00
PATHOLOGY	0	(.00	.00	.000	.00		.00
RADIOLOGY	0	(.00	.00	.000	.00		.00
ROOM USE	0	(.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	(.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPEND	TURES	MONTH-OF	-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE	8,143
MOP024	FEE-FOR-SERVICE/I	ENTAL							01	/17/03
MONTEREY COUNTY	SUMMARY OF SERVICE	ES FOR 60 F	ENAL	DIALYSIS		AID COI	DES			
							MON	THLY AVERA	GE	
14 ELIGIBLES	USERS U	NITS OF SERV	ICE	EXP	ENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF C	ARE			PER UNIT/DAY	PER ELIG	USER	ELIG	IBLE
@COMMUNITY HOSPITAL TOTAL	1	2	\$		8.50	\$ 4.25	.143 \$	8.50	\$.61
COMM HOSP INPATIENT TOTAL	0	(.00	.00	.000	.00		.00
HSC HOSPITALS	0	(.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	(.00	.00	.000	.00		.00
ACCOMMODATIONS	0	(.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	(.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	(.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	(.00	.00	.000	.00		.00
ANCILLARIES	0	(.00	.00	.000	.00		.00

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INPATIENT CROSSOVERS ALL OTHER INPATIENT

MEDICAL

COMM HOSP OUTPATIENT TOTAL

SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	2		8.50		4.25	.143		8.50		.61
		0	ċ		ċ			ċ		ċ	
@STATE HOSPITAL	U		\$.00	\$.00	.000	Þ	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
LEV B-SUBACUTE HSPTL BASED	0	0				.00	.000				.00
LEV B-TRANSITIONAL IP CARE	U	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
	7	12	\$	2,110.15	ċ	175.85	.857	ċ	301.45	ċ	150.73
@HEMODIALYSIS TOTAL	/		Ş	•	\$			Þ		Þ	
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	7	12		2,110.15		175.85	.857		301.45		150.73
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
-	0	0	Y	.00	Y	.00	.000	Y	.00	Y	
PATHOLOGY	0	-									.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	· ·	•	EC.	MONTH-OF-PAYMENT RE	ים מ			DEC		Ъ	
			ES.	MONIH-OF-PAIMENT RE	PORI	FOR JAN 2	2002 IHRU	DEC	2002	P.	AGE 8,144
MOP024	FEE-FOR-SERVICE/										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR 60 RENA	L D	DIALYSIS		AID COD	DES				
							N	TNON	HLY AVERA	GΕ	
14 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	/S	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
DURABLE MED. EQUIP.	0	0	Τ.	.00	т	.00	.000	т	.00	т	.00
~	0	0									
BLOOD BANK	U	U		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	Ü		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
ACUPUNCTURE						.00	.000				.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000		.00		.00

0

0

SURGERY

.00

.00

.000

.00

.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	11	76	\$ 2,249.65	\$ 29.60	5.429	\$ 204.51	\$ 160.69
00			 				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,145 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 6	1 TOTAL	PARE	ENTERAL NUTRITION		AID COD	ES			
								MO			
00 ELIGIBLES	USERS	UNITS OF S			EXPENDITURES			UNITS/DAYS	CC	OST PER	COST PER
		OR DAYS C	F CARE			PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000		.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00
@ PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	0		0		.00		.00	.000		.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

0	0		.00		.00	.000	.00	.00
0	0	\$.00	\$.00	.000 \$.00	\$.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
0	0		.00		.00	.000	.00	.00
	EXPENDITUR:	ES MONTH-	OF-PAYMENT RE	PORT FO	OR JAN	2002 THRU DEC	2002	PAGE 8,146 01/17/03
	R 61 TOTA	L PARENTE	RAL NUTRITION	I	AID CO	DES		01/11/05
	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	FEE-FOR-SERVICE/DENTAL	0 0 \$.00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	0 0 \$.00 \$ 0 0 .00 MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR FEE-FOR-SERVICE/DENTAL	0 0 \$.00 \$.00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	0 0 \$.00 \$.00 .00 .000 \$.000 \$.000 \$.000 \$.000 .00	0 0 \$.00 \$.00 .00 .000 \$.00 .000 \$.00 .00

----- MONTHLY AVERAGE -----

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 .00 Ś .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 .00 .00 .000 .00 .00 0 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 Ś .00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 @PODIATRIST 0 .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 SURGERY/ANES. .00 .000 .00 0 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 OTHER .00 .00 .000 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 NURSE ANESTHESIST 0 .000 .00 \$.00 \$.00 \$.00 .00 .00 .000 .00 .00 NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 Ś .00 @TOTAL HOSPITAL .00 .00 .000 .00 .00 0 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 .000 .00 ALL OTHER ACCOM .00 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT .000 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 .000 RADIOLOGY 0 .00 .00 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DE	C 2002	PAGE 8,147
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CODES			
					MON'	THLY AVERAGE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 221012220	00210	OR DAYS OF CARE	2111 2113 11 01120	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00

ICF DDN/DDCN	0	()		.00		.00	.00	Λ		.00		.00
@HEMODIALYSIS TOTAL	0)	Ś	.00	Ś	.00	.00		Ś	.00	Ċ	.00
HOSPITAL BASED	0) 1	Ÿ	.00	Y	.00	.00		Y	.00	Ÿ	.00
HEMODIALYSIS CENTER	0	(,		.00		.00	.00			.00		.00
	0	(,	Ś		Ċ				Ċ		ċ	
@REHABILITATION FACILITY	0	()	Þ	.00	\$.00	.00		Ş	.00	Ş	.00
HOSPITAL BASED	0	()		.00		.00	.00			.00		.00
INDEPENDENT FACILITY	U	()		.00		.00	.00			.00		.00
@LABORATORY FACILITY	U	()	Ş	.00	\$.00	.00		Ş	.00	Ş	.00
PATHOLOGY	0	()		.00		.00	.00			.00		.00
XO AND OTHERS	0	()		.00		.00	.00			.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	()	\$.00	\$.00	.00		\$.00	Ş	.00
CLINIC	0	()		.00		.00	.00	0		.00		.00
SURGICENTER	0	()		.00		.00	.00			.00		.00
HEROIN DETOX CLINIC	0	()		.00		.00	.00	0		.00		.00
RURAL HEALTH CLINIC	0	()		.00		.00	.00	0		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDI	TURE	ES MON	NTH-OF-PAYMENT RI	EPORT	FOR JAN	2002 THR	U D	EC 2	002	PAGE	8,148
MOP024	FEE-FOR-SERVICE/D	ENTAL										0.3	1/17/03
MOP024 MONTEREY COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVIC		CTAI	L PARE	ENTERAL NUTRITION	J	AID CO	DES				0.3	1/17/03
			COTAI	L PARE	ENTERAL NUTRITION	1	AID CO		МО	NTHL	Y AVERA		1/17/03
	SUMMARY OF SERVIC			L PARE	ENTERAL NUTRITION		AID CO				Y AVERA	GE	1/17/03 I PER
MONTEREY COUNTY	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE		AVE			AYS	CO		GE	
MONTEREY COUNTY	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE		AVE	RAGE COST	UNITS/D	AYS IG	CO	ST PER	GE	 I PER
MONTEREY COUNTY 00 ELIGIBLES	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE	EXPENDITURES	AVE PER	RAGE COST UNIT/DAY	UNITS/D	AYS IG 0	CO	ST PER USER	GE COST	 F PER GIBLE
MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE	EXPENDITURES .00	AVE PER	RAGE COST UNIT/DAY	UNITS/D PER EL	AYS IG 0	CO	ST PER USER .00	GE COST	F PER GIBLE
MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE	EXPENDITURES .00	AVE PER	RAGE COST UNIT/DAY .00	UNITS/D PER EL .00	AYS IG 0 0	CO	ST PER USER .00	GE COST	FER GIBLE
MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE	EXPENDITURES	AVE PER	RAGE COST UNIT/DAY .00 .00 .00	UNITS/D PER EL .00 .00 .00	AYS IG 0 0 0	CO	ST PER USER .00 .00 .00	GE COST	F PER GIBLE .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES CALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE	EXPENDITURES .00 .00 .00 .00	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00	UNITS/D PER EL .00 .00 .00	AYS IG 0 0 0 0	CO	ST PER USER .00 .00 .00	GE COST	F PER GIBLE .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE	EXPENDITURES	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	UNITS/D PER EL .00 .00 .00 .00 .00	AYS IG 0 0 0 0 0	CO	ST PER USER .00 .00 .00 .00	GE COST	F PER GIBLE .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE	EXPENDITURES	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	UNITS/D PER EL .00 .00 .00 .00 .00 .00	AYS IG 0 0 0 0 0 0	CO	ST PER USER .00 .00 .00 .00 .00	GE COST	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00
MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/D PER EL .00 .00 .00 .00 .00 .00 .00 .00	AYS IG 0 0 0 0 0 0 0	CO	ST PER USER .00 .00 .00 .00 .00 .00	GE COST	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/D PER EL .00 .00 .00 .00 .00 .00 .00 .00 .00	AYS IG 0 0 0 0 0 0 0 0	CO	ST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE COST	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
MONTEREY COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICUSERS U	ES FOR 61 T	/ICE	L PARE	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVE PER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	UNITS/D PER EL .00 .00 .00 .00 .00 .00 .00 .00	AYS IG 0 0 0 0 0 0 0 0 0	CO	ST PER USER .00 .00 .00 .00 .00 .00	GE COST	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,149
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

					MON'	THLY AVERAGI	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00 \$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00 \$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU DE	C 2002	PAGE 8,150
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

MONTEREY COUNTY

						MC	INC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DE	C 2002	PAGE 8,151
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	62 IRCA AI	LIENS AI	D CODES 51 52	2 56		
					MON	THLY AVERAG	E

					MON'I	HLY AVERAGE	:
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-	OF-PAYMENT	REPORT	FOR JAN 2002	THRU	DEC	2002	PAGE	8,152
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS		AID CO	DES 51 52 56					

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 \$ @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 .00 DURABLE MED. EQUIP. 0 0 .00 .000 .00 .00 BLOOD BANK .00 .00 .000 .00 .00 HEARING AID DISPENSERS .00 .00 .000 .00 .00 .00 .00 MEDICAL TRANSPORTATION .00 .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .00 .00 OTHER TRANS .00 .000 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 . 00 .000 . 00 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .000 PSYCHOLOGIST .00 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .000 .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING 0 .00 .00 .000 .00 .00 ALL OTHER PROVIDERS 0 .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* .00 .00 .000 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,153 MOP024

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F MONTEREY COUNTY

						-		~=				
					MONTHLY AVERAGE							
21,488 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER				
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE				
@TOTAL, ALL PROVIDERS	10,002	55 , 362	\$	7,012,694.97	\$ 126.67	2.576	\$ 701.13	\$ 326.35				
@PHYSICIANS SERVICES	4,068	12,187	\$	769,923.12	\$ 63.18	.567	\$ 189.26	\$ 35.83				
OUTPATIENT VISITS	1,697	4,086		155,973.73	38.17	.190	91.91	7.26				
OFFICE VISITS	202	241		8,265.49	34.30	.011	40.92	.38				
HOME VISITS	5	5		232.22	46.44	.000	46.44	.01				
EMERGENCY ROOM	559	623		36,440.77	58.49	.029	65.19	1.70				
PREVENTIVE CARE	4	4		160.04	40.01	.000	40.01	.01				
OB VISITS/COMPRE PERI	934	3,098		107,161.00	34.59	.144	114.73	4.99				
OTHER OUTPATIENT	87	115		3,714.21	32.30	.005	42.69	.17				
INPATIENT VISITS	845	2,141		124,390.02	58.10	.100	147.21	5.79				
HOSPITAL VISITS	782	1,743		70,897.15	40.68	.081	90.66	3.30				
CRITICAL CARE	102	398		53,492.87	134.40	.019	524.44	2.49				
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00				
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00				
EXAMINATIONS	0	0		.00	.00	.000	.00	.00				
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00				
INPATIENT HOSPITAL SURGERY	725	1,710		349,586.43	204.44	.080	482.19	16.27				
PRINCIPAL SURGEON	614	649		313,945.19	483.74	.030	511.31	14.61				
ASSISTANT SURGEON	47	47		7,866.97	167.38	.002	167.38	.37				
ANESTHESIOLOGIST	144	1,014		27,774.27	27.39	.047	192.88	1.29				
OUTPATIENT SURGERY	229	404		24,951.19	61.76	.019	108.96	1.16				
PRINCIPAL SURGEON	213	257		21,129.20	82.21	.012	99.20	.98				

ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	48	147	3,821.99	26.00	.007	79.62		.18
DIALYSIS	47	105	13,951.01	132.87	.005	296.83		.65
PATHOLOGY	437	1,077	14,080.83	13.07	.050	32.22		.66
RADIOLOGY	1,345	1,864	57,833.12	31.03	.087	43.00		2.69
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	40	108	1,370.98	12.69	.005	34.27		.06
OTHER SERVICES/ALL X-OVERS	473	692	27,785.81	40.15	.032	58.74		1.29
@PHARMACY	2,528	5 , 926 \$	174,068.94	\$ 29.37	.276	\$ 68.86	\$	8.10
PRESCRIPTION DRUGS	2,471	5,563	144,246.52	25.93	.259	58.38		6.71
SNF/ICF	1	1	16.85	16.85	.000	16.85		.00
OUTPATIENTS	2,470	5,562	144,229.67	25.93	.259	58.39		6.71
MEDICAL SUPPLIES	167	363	29,822.42	82.16	.017	178.58		1.39
@DENTIST	42	154 \$	3,881.00	\$ 25.20	.007	\$ 92.40	\$.18
VISITS - DIAGNOSTIC	35	95	660.00	6.95	.004	18.86		.03
ORAL SURGERY	23	39	1,399.00	35.87	.002	60.83		.07
DRUGS	2	2	25.00		.000	12.50		.00
ANESTHESIA	1	1	100.00	100.00	.000	100.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	4	14	497.00	35.50	.001	124.25		.02
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	1	1	.00		.000	.00		.00
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00		.06
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	1	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR JAN	2002 THRU	DEC 2002	PAGE	8,154

01/17/03

						M	ON:	THLY AVERA	GE	
21,488 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	1	2	\$ 23.50	\$	11.75	.000	\$	23.50	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	1	2	23.50		11.75	.000		23.50		.00
@HOME HEALTH AGENCY	276	333	\$ 22,040.98	\$	66.19		\$		\$	1.03
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	4,424	17,409	\$ 4,621,625.02	\$	265.47	.810	\$	1044.67	\$	215.08
HOSP INPATIENT TOTAL	877	3,100	4,272,076.34		1378.09	.144		4871.24		198.81
HSC HOSPITALS	681	2,241	2,594,048.30		1157.54	.104		3809.18		120.72
NON-HSC HOSPITAL TOTAL	195	856	1,677,236.04		1959.39	.040		8601.21		78.05
ACCOMMODATIONS	190	856	588,059.32		686.99	.040		3095.05		27.37

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

FEE-FOR-SERVICE/DENTAL

MOP024

MONTEREY COUNTY

ADMINISTRATIVE DAYS	0	0	11.07	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	190	856	588,048.25	686.97	.040	3094.99		27.37
ANCILLARIES	105	\cap	1,089,176.72	.00	.000	5585.52		50.69
INPATIENT CROSSOVERS	1	3 0 14,309 335 199	792.00	264.00		792.00		.04
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	1 3,875 219	14 200	.00	.00				
HOSP OUTPATIENT TOTAL	3,8/5	14,309	349,548.68 18,178.29	24.43	.666 .016	90.21		16.27
MEDICAL	219	335	18,178.29	54.26	.016	83.01		.85
SURGERY			8,975.85	45.10	.009	53.43		.42
PATHOLOGY	2,295	7,574	89,980.86	11.88	.352	39.21		4.19
RADIOLOGY	997	1,132	71,986.31	63.59	.009 .352 .053	72.20		3.35
ROOM USE	1.702	2 , 670	95.764.78	35.87	.124 .112	56.27		4.46
CROSSOVERS/ALL OTH OUTPINT		2,399	64 662 59	35.87 26.95	112	59.60		3.01
@COUNTY HOSPITAL TOTAL	2,943	10,544 \$	2,275,422.77	\$ 215.90	/01 ¢	773.16	Ċ	105.89
-			2,2/3,422.//	1102 14	.491 Y			
CO HOSPITAL INPATIENT TOTAL		1,733	2,067,703.82	1193.14 1193.14	.081	3429.03		96.23
HSC HOSPITALS	603	1,733			.081	3429.03		96.23
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	• • •		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	1,733 0 0 0 0 0 0 0 0 8,811 91 92 4,631 608	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.000			
	0 5 4 5	0	.00	.00				.00
CO HOSP OUTPATIENT TOTAL	2,545	8,811	207,718.95 3,309.05	23.57		81.62		9.67
MEDICAL	78	91	3,309.05	36.36	.004	42.42		.15
SURGERY	77	92	3,532.98	38.40 11.51	.004	45.88		.16
PATHOLOGY	1,371	4,631	53,292.16	11.51	.216	38.87		2.48
RADIOLOGY	543	608	37,377.56	61.48	.004 .216 .028	68.84		1.74
ROOM USE	1,348	2,168	75 , 186.58	34.68	.101	55.78		3.50
CROSSOVERS/ALL OTH OUTPINT		1,221	35,020.62	34.68 28.68	.057	45.25		1.63
#CALIF DEPT OF HEALTH SERV				ים∩סיי דיס דאו מ	יסטי חבים ארי		DΛ	AGE 8,155
			MIII OF FAIMENT NE	FORT FOR OAN 2	LUUZ IIIKU DE	C 2002	I F	
MOP024	FEE-FOR-SERVICE				_			01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	TICES FOR 63 MI/MN ALI	EN WITHOUT SIS AI	D CODE 55 58 5			~-	
					MON			
21,488 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES					COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,571	6,865 \$	2,346,202.25	\$ 341.76	.319 \$	1493.45	\$	109.19
COMM HOSP INPATIENT TOTAL	277	1,367		1612.56		7958.02		102.59
HSC HOSPITALS	81	508	526,344.48	1036.11	.024	6498.08		
NON-HSC HOSPITALS TOTAL	195	856	1,677,236.04	1036.11 1959.39	.040	8601.21		24.49 78.05
ACCOMMODATIONS	190	856	588,059.32	686.99	.040	3095.05		
	190	0	300,039.32		.040			
ADMINISTRATIVE DAYS	•		11.07	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	190	856	588,048.25	686.97	.040	3094.99 5585.52		27.37
ANCILLARIES	195	0	1,089,176.72	.00	.000	5585.52		50.69
INPATIENT CROSSOVERS	1	3	792.00	264.00	.000	792.00		.04
ALL OTHER INPATIENT	1	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,393	5,498	141,829.73	25.80	.256	101.82		6.60
MEDICAL	142	244	14,869.24	60.94	.011	104.71		.69
SURGERY	91	107	5,442.87	50.87	.005	59.81		.25
PATHOLOGY	945	2,943	36,688.70	12.47	.137	38.82		1.71
RADIOLOGY	454	524	34,608.75	66.05	.024	76.23		1.61
ROOM USE	364	502	20,578.20	40.99	.023	56.53		.96
CROSSOVERS/ALL OTH OUTPINT	319	1,178	29,641.97	25.16	.055	92.92		1.38
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

ADMINISTRATIVE DAYS

0

0

11.07

.000

.00

.00

.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	9	361	\$	83,966.66	\$	232.59	.017	\$	9329.63	\$	3.91
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	9	361		83,966.66		232.59	.017		9329.63		3.91
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	39	3 , 186	\$	112,522.75	\$	35.32	.148	\$	2885.20	\$	5.24
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	39	3 , 186		112,522.75		35.32	.148		2885.20		5.24
@REHABILITATION FACILITY	1	2	\$	56.04	\$	28.02	.000	\$	56.04	\$.00
HOSPITAL BASED	1	2		56.04		28.02	.000		56.04		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,187	2,738	\$	52,565.80	\$	19.20	.127	\$	44.28	\$	2.45
PATHOLOGY	1,186	2,737		52,518.60		19.19	.127		44.28		2.44
XO AND OTHERS	1	1		47.20		47.20	.000		47.20		.00
@ORGANIZED OUTPATIENT CLINIC	3,448	10,351	\$	1,046,001.50	\$	101.05	.482	\$	303.36	\$	48.68
CLINIC	121	529		14,596.48		27.59	.025		120.63		.68
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3,328	9,822		1,031,405.02		105.01	.457		309.92		48.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	JRES	MONTH-OF-PAYMENT R	EPOR1	FOR JAN	2002 THRU	DEC	2002	PA	GE 8,156
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

MONIEREI COUNTI	SOUMAKI OF SEK	AICES LOK OS MI\WW MPI	EN WIITOUI SIS A.	TD CODE 33 36 .	JE		
					MON	THLY AVERA	GE
21,488 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	817	2,713 \$	126,019.66	\$ 46.45	.126 \$	154.25	\$ 5.86
DURABLE MED. EQUIP.	23	32	898.24	28.07	.001	39.05	.04
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	77	1,583	40,089.39	25.32	.074	520.64	1.87
AMBULANCES/AIR TRANS	76	1,559	24,663.49	15.82	.073	324.52	1.15
OTHER TRANS	1	14	50.90	3.64	.001	50.90	.00
OTHER SERVICES	10	10	15,375.00	1537.50	.000	1537.50	.72
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	500	507	47,331.00	93.36	.024	94.66	2.20
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	216	518	32,326.87	62.41	.024	149.66	1.50
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	43	73	5,374.16	73.62	.003	124.98	.25
PROSTHETICS	9	28	1,083.49	38.70	.001	120.39	.05
ORTHOTICS	41	45	4,290.67	95.35	.002	104.65	.20
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	67	2,660	\$ 261,223.37	\$ 98.20	.124	\$ 3898.86	\$ 12.16
@XOVER EXCLUDING STATE HOSP**	8	77	\$ 3,217.44	\$ 41.78	.004	\$ 402.18	\$.15

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,157 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SER	VICES FOR	64 REFU	JGEES	A.	ID CO	DES 01 02				
											GE
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY			COST PER
	4.0	OR DAYS					UNIT/DAY			USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	12		46	\$	2,935.99	\$	63.83	.000		244.67	
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		•		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0 1	Ċ	.00	ċ	.00 524.00	.000	ċ	.00 524.00	.00
@PHARMACY	1		_	\$	524.00	\$.000	Ş		•
PRESCRIPTION DRUGS	1		1 0		524.00		524.00	.000		524.00	.00
SNF/ICF	0				.00		.00	.000		.00	.00
OUTPATIENTS	1		1		524.00		524.00	.000		524.00 .00	.00
MEDICAL SUPPLIES	0		39	\$		ċ		.000	ċ	236.13	
@DENTIST	8 5		39 14	P	1,889.00 280.00	\$	48.44 20.00	.000	Ş	236.13 56.00	•
VISITS - DIAGNOSTIC	5		14 0								.00
ORAL SURGERY DRUGS	0		0		.00		.00	.000		.00	.00
ANESTHESIA	0		0		.00		.00	.000		.00	.00
VICTUTOTA	U		U		.00		.00	.000		.00	.00

PERIODONTICS	1		1		200.00)	200.00	.000		200.00		.00
ENDODONTICS	0		0		.00)	.00	.000		.00		.00
RESTORATIVE DENTISTRY	2		22		1,199.00)	54.50	.000		599.50		.00
PROSTHETICS	0		0		.00)	.00	.000		.00		.00
DENTURES, STAYPLATES	2		2		210.00)	105.00	.000		105.00		.00
SPACE MAINTAINERS	0		0		.00)	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00)	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00)	.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00)	.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXP	ENDITUF	RES MO	NTH-OF-PAYMENT	REPOR'	r for jan	2002 THRU	DEC	2002	P	AGE 8,158
MOP024	FEE-FOR-SERVICE/	DENTAL										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR	64 REFU	JGEES		AID C	DDES 01 02	0.8				
								Mo	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE	1	EXPENDITURES	S AV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	1		PE1	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00) \$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00)	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00)	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00)	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00) \$.00	.000	\$.00	\$.00
VISITS	0		0		.00)	.00	.000		.00		.00
OTHER SERVICES	0		0		.00)	.00	.000		.00		.00
@PODIATRIST	0		0	\$.00) \$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00)	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00)	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00)	.00	.000		.00		.00
OTHER	0		0		.00)	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00) \$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00) \$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00) \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00) \$.00	.000	\$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	·		\$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	·		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00		.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.000	.00	.00
ACCOMMODATIONS	0	0	.00		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	ONTH-OF-PAYMENT	REPORT FOR JAN	N 2002 THRU D	EC 2002	PAGE 8,159
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	JICES FOR 64 REFUGEES		AID CODES 01 (02 08		
					MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES		ST UNITS/DAYS		COST PER
		OR DAYS OF CARE			AY PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00		.000		
COMM HOSP INPATIENT TOTAL	0	0	.00		.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000	. 0	0	.00
PATHOLOGY	0	0		.00		.00	.000	. 0	0	.00
RADIOLOGY	0	0		.00		.00	.000	. 0	0	.00
ROOM USE	0	0		.00		.00	.000	. 0		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	. 0		.00
@STATE HOSPITAL	0	0	\$.00	\$.00		\$.0		
• -	0		Ş		Ą			•		
MENTALLY ILL	U	0		.00		.00	.000	. 0		.00
DEVELOP. DISABLED	Ü	0		.00		.00	.000	. 0		.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$.0		.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	. 0	0	.00
LEV B-REHAB MD	0	0		.00		.00	.000	.0	0	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	. 0	0	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	. 0	0	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	. 0	0	.00
LEV B-REGULAR	0	0		.00		.00	.000	. 0		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.0		
-	0	0	Y	.00	Y	.00	.000	.0		
ICF DDH	0	0								.00
ICF DD	U	•		.00		.00	.000	. 0		.00
ICF DDN/DDCN	Ü	0		.00		.00	.000	. 0		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.0		.00
HOSPITAL BASED	0	0		.00		.00	.000	. 0	0	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	. 0	0	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.0	0 \$.00
HOSPITAL BASED	0	0		.00		.00	.000	. 0	0	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	. 0	0	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.0		
PATHOLOGY	0	0	т	.00	т	.00	.000	.0		.00
XO AND OTHERS	0	0		.00		.00	.000	.0		.00
	0	6	Ś		÷					
@ORGANIZED OUTPATIENT CLINIC	4	0	Ş	522.99	\$	87.17		\$ 130.7		
CLINIC	U	0		.00		.00	.000	. 0		.00
SURGICENTER	0	0		.00		.00	.000	. 0		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	. 0	0	.00
RURAL HEALTH CLINIC	4	6		522.99		87.17	.000	130.7	5	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE	CES AND EXPENDITUR E/DENTAL	ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU I	DEC 2002		PAGE 8,160 01/17/03
MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 64 REFU	GEES	А	ID CC	DDES 01 02	08			
							MC	NTHLY AVE	RAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	COST PE	R	COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	Ś	.00	.000		0 \$	
DURABLE MED. EQUIP.	0	0	Т	.00	т	.00	.000	.0		.00
BLOOD BANK	0	0		.00		.00	.000	.0		.00
	0	0		.00		.00		.0		
HEARING AID DISPENSERS	0	0					.000			.00
MEDICAL TRANSPORTATION	U	U		.00		.00	.000	. 0		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	. 0		.00
OTHER TRANS	0	0		.00		.00	.000	. 0		.00
OTHER SERVICES	0	0		.00		.00	.000	. 0	0	.00
ACUPUNCTURE	0	0		.00		.00	.000	.0	0	.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	. 0	0	.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.0		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	. 0		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	. 0		.00
OPTICIAN	0	0		.00		.00	.000	.0		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.0		.00
	0									
PORTABLE X-RAY		0		.00		.00	.000	.0		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	. 0	U	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 8,161

01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 65 BCCTP-	-FEDERA	L	AID	CODES UM	UN			
							MON	ITHLY AVE	RAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	COST PE	R	COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	34	72 \$	\$	4,104.67	\$	57.01	.000	120.7	3 \$.00
@PHYSICIANS SERVICES	0	0 \$	\$.00	\$.00	.000	.0) \$.00
OUTPATIENT VISITS	0	0		.00		.00	.000	.0	0	.00
OFFICE VISITS	0	0		.00		.00	.000	.0	0	.00
HOME VISITS	0	0		.00		.00	.000	.0	0	.00
EMERGENCY ROOM	0	0		.00		.00	.000	.0	0	.00
PREVENTIVE CARE	0	0		.00		.00	.000	.0	0	.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000	.0	0	.00
OTHER OUTPATIENT	0	0		.00		.00	.000	.0	0	.00
INPATIENT VISITS	0	0		.00		.00	.000	.0	0	.00
HOSPITAL VISITS	0	0		.00		.00	.000	.0	0	.00
CRITICAL CARE	0	0		.00		.00	.000	.0	0	.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000	.0	0	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000	.0	0	.00
EXAMINATIONS	0	0		.00		.00	.000	.0	0	.00
SERVICES AND MATERIALS	0	0		.00		.00	.000	.0	0	.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.0	0	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.0	0	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.0	0	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.0	0	.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.0	0	.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.0	0	.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.0	0	.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.0		.00
DIALYSIS	0	0		.00		.00	.000	.0	0	.00
PATHOLOGY	0	0		.00		.00	.000	.0		.00
RADIOLOGY	0	0		.00		.00	.000	.0		.00
PSYCHIATRY	0	0		.00		.00	.000	.0		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.0	0	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.0		.00
@PHARMACY	3	6 \$	5	340.15	\$	56.69	.000			.00
PRESCRIPTION DRUGS	3	6		340.15		56.69	.000	113.3		.00
SNF/ICF	0	0		.00		.00	.000	.0		.00
OUTPATIENTS	3	6		340.15		56.69	.000	113.3	8	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	()	.00	n	.00	.000	.00)	.00
@DENTIST	6	19		1,256.00		66.11	.000	\$ 209.33		.00
VISITS - DIAGNOSTIC	2	4		125.00		31.25	.000	62.50		.00
ORAL SURGERY	1	1		45.00		45.00	.000	45.00		.00
DRUGS	0	(.00		.00	.000	.00		.00
ANESTHESIA	0	(.00		.00	.000	.00		.00
PERIODONTICS	0	(.00		.00	.000	.00		.00
ENDODONTICS	0	2		430.00		215.00	.000	215.00		.00
RESTORATIVE DENTISTRY	3	12		656.00		54.67	.000	218.67		.00
PROSTHETICS		12		0.00.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	(.00		.00	.000	.00		.00
•	0	(.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	(
MAXILLOFACIAL SERVICES	0	(.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	() \		-					
ORTHODONTIC SERVICES	•	()	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	(.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV			TURES	MONTH-OF-PAYMENT	REPORT	' FOR JAN 2	2002 THRU 1	DEC 2002	F	PAGE 8,162
MOP024	FEE-FOR-SERVICE/						0.00			01/17/03
MONTEREY COUNTY	SUMMARY OF SERVI	CES FOR 65 E	BCCTP-E	EDERAL	AID	CODES 0M				
								ONTHLY AVEF		
00 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURE:		RAGE COST			}	COST PER
		OR DAYS OF C				UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	(.00	-	.00	.000			.00
DIAGNOSTIC AND ANC. PROCED	0	(.00		.00	.000	.00		.00
EYE APPLIANCES	0	(.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	(.00		.00	.000	.00		.00
@CHIROPRACTOR	0	(.00	-	.00	.000	•		.00
VISITS	0	(.00		.00	.000	.00		.00
OTHER SERVICES	0	(.00		.00	.000	.00		.00
@PODIATRIST	0	(.00	- '	.00	.000	\$.00		.00
MEDICINE/INJECTIONS	0	(.00	-	.00	.000	.00		.00
SURGERY/ANES.	0	(.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	(.00		.00	.000	.00		.00
OTHER	0	(.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	(.00		.00	.000	\$.00		.00
NURSE ANESTHESIST	0	(.00	- '	.00	.000	\$.00		.00
NURSE MIDWIFE	0	(.00	- '	.00	.000	\$.00		.00
PEDIATRIC NURSE PRACTITIONER		(.00		.00	.000	\$.00		.00
FAMILY NURSE PRACTITIONER	0	(.00		.00	.000	\$.00		.00
@TOTAL HOSPITAL	1	3		86.1	7 \$	28.72	.000	\$ 86.17	7 \$.00
HOSP INPATIENT TOTAL	0	(.00)	.00	.000	.00)	.00
HSC HOSPITALS	0	()	.00)	.00	.000	.00)	.00
NON-HSC HOSPITAL TOTAL	0	()	.00)	.00	.000	.00)	.00
ACCOMMODATIONS	0	()	.00)	.00	.000	.00)	.00
ADMINISTRATIVE DAYS	0	()	.00)	.00	.000	.00)	.00
TRANSITIONAL IP CARE	0	()	.00	C	.00	.000	.00)	.00
ALL OTHER ACCOM	0	()	.00)	.00	.000	.00)	.00
ANCILLARIES	0	()	.00)	.00	.000	.00)	.00
	_	_		_	_					

0

0

0

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

.00

.00

86.17

32.75

.00

.00

.00

31.93

.00

.00

86.17

32.75

.00

.00

31.93

.00

.00

.00

.00

.00

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.000

.000

.000

.000

.00

.00

.00

.00

.00

31.93

28.72

CROSSOVERS/ALL OTH OUTPTNT	1	1	21.49	21.49	.000	21.49	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEG	2002	PAGE 8,163
MOP024	FEE-FOR-SERVICE/DENTA						01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES F	OR 65 BCCTP-FEDI	ERAL	AID CODES OM	ON		
					MON'	THLY AVERA	GE
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR D	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3 \$	86.17	\$ 28.72	.000 \$	86.17	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

	_	_										
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1	3		8	6.17		28.72	.000		86.17		.00
MEDICAL	1	1		3.	2.75		32.75	.000		32.75		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	1	1		3	1.93		31.93	.000		31.93		.00
CROSSOVERS/ALL OTH OUTPTNT	1	1		2	1.49		21.49	.000		21.49		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00	·	.00	.000		.00	·	.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	Û	т		.00	Ψ	.00	.000	Τ.	.00	т	.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
	0	0			.00		.00	.000		.00		
LEV B-TRANSITIONAL IP CARE	0	•										.00
LEV B-REGULAR	0	0	Ċ		.00	Ċ	.00	.000	Ċ	.00	ċ	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	25	38	\$	2,35	8.03	\$	62.05	.000	\$	94.32	\$.00
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	25	38		2,35	8.03		62.05	.000		94.32		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	JRES M	•		EPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	GE 8,164
MOP024	FEE-FOR-SERVICE/I											01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICE		TP-FF	DERAL		ATD	CODES OM	ON				,,
									MONT	HLY AVERA	GE -	
00 ELIGIBLES	USERS (NITS OF SERVIC	Œ	EXPENDIT	URES	AVE	RAGE COST	UNITS/DA		COST PER	-	OST PER
** =====		OR DAYS OF CAF					UNIT/DAY	/	-	USER		LIGIBLE
@ALL OTHER PROVIDERS	2	6	\$	6	4.32	\$	10.72	.000		32.16		.00
DURABLE MED. EQUIP.	0	0	т	Ŭ	.00	Ψ	.00	.000	Τ.	.00	т	.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
	0	0			.00					.00		
OTHER SERVICES							.00	.000				.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00	.000		.00		.00

GENETIC DISEASE TESTING

0

.00

.00

.000

.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000		.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000		.00	.00
OPTICIAN	2	6	64.32	10	.72	.000	32	2.16	.00
PHYSICAL THERAPIST	0	0	.00		.00	.000		.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000		.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00		.00	.000		.00	.00
PROSTHETICS	0	0	.00		.00	.000		.00	.00
ORTHOTICS	0	0	.00		.00	.000		.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000		.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000		.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000		.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000		.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000		.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000		.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000		.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000		.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000		.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,165
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

					MONT	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	5	13 \$	664.82	\$ 51.14	.000 \$	132.96	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0 \$	3	.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00	.00
@DENTIST	0	0 \$	5	.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	0	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PA	YMENT REI	PORT FOR JAN 2	002 THRU D	EC 2002	PAGE 8,166
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR	R 66 BCCTP-	-STATE-ONLY		AID CODES OR	OΤ		

MONIEREI COONII	SUMMAKI OF SEK	VICES FOR	00 DCCII	-SIA	I E-ONT I	AID	CODES OF	O I				
								Mo	TNC	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
	0	0 \$					
@COUNTY HOSPITAL TOTAL	0	•	.00	\$.00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	U	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	Ü	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
	MEDI-CAL SERVIO	CES AND EXPENDITURES N	MONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 8,167
MOP024	FEE-FOR-SERVICE	E/DENTAL					01/17/03
		/ICES FOR 66 BCCTP-ST	PATE-ONLY	AID CODES OF	0 Т		,,
MONIEREI COONII	DOINING OF BEIN	TODO TOR OU DOCTE DE		1112 00220 01		THIV AVERA	GF
					MON		_
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	USERS 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000	COST PER USER .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	USERS 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000	COST PER USER .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	USERS 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	USERS 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS	USERS 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	USERS 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	USERS 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	USERS 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
QCOMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON VUNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON VUNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON S UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	13	\$	664.82	\$	51.14	.000	\$	132.96	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	13		664.82		51.14	.000		132.96		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PAGE	8,168
MOP024	FEE-FOR-SERVICE/D	ENTAL								0	1/17/03
MONTEREY COUNTY	SUMMARY OF SERVIC	ES FOR 66 BCC	TP-STA	ATE-ONLY	AID	CODES OR	OΤ				
							M	ONT	HLY AVERA	GE	
00 ELIGIBLES	USERS U	NITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COS	T PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	ELI	GIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000	\$.00	\$.00
<pre>@* TOTALS IN THESE LINES ARE GIVE</pre>	EN AS A SEPARATE IN	FORMATION ITE	M ONLY;				

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,169 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONTEREY COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 39 85 4,769.49 \$ 56.11 .000 \$ 122.29 \$.00 .00 .00 .000 \$.00 \$ @PHYSICIANS SERVICES 0 0 .00 OUTPATIENT VISITS 0 .00 .00 .000 .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 .00 PREVENTIVE CARE 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 .00 INPATIENT HOSPITAL SURGERY .00 .00 .000 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .00 ASSISTANT SURGEON .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 PRINCIPAL SURGEON .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	3	6 \$	340.15	\$ 56.69	.000	\$ 113.38	\$.00
PRESCRIPTION DRUGS	3	6	340.15	56.69	.000	113.38		.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	3	6	340.15	56.69	.000	113.38		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	6	19 \$	1,256.00	\$ 66.11	.000	\$ 209.33	\$.00
VISITS - DIAGNOSTIC	2	4	125.00	31.25	.000	62.50		.00
ORAL SURGERY	1	1	45.00	45.00	.000	45.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	2	2	430.00	215.00	.000	215.00		.00
RESTORATIVE DENTISTRY	3	12	656.00	54.67	.000	218.67		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU	DEC 2002	PAGE	8,170

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE @OPTOMETRIST 0 0 .00 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED Ω 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 EYE APPLIANCES .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 \$ @CHIROPRACTOR .00 .00 .000 \$.00 \$.00 VISITS .00 .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 @PODIATRIST 0 .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 . 00 .000 . 00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 .000 \$ 0 .00 .00 \$ @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 .00 .000 \$.00 PEDIATRIC NURSE PRACTITIONER .00 .00 .00 .000 \$.00 FAMILY NURSE PRACTITIONER .00 .000 \$ 86.17 28.72 86.17 .00 @TOTAL HOSPITAL .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0		Ω		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		n		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	1		3		86.17	28.72	.000	86.17		.00
MEDICAL	1		1		32.75	32.75	.000	32.75		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		Ō		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	1		1		31.93	31.93	.000	31.93		.00
CROSSOVERS/ALL OTH OUTPINT	1		1		21.49	21.49	.000	21.49		.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00	.00	.000	.00		.00
MEDICAL	0		0		.00	.00	.000	.00		.00
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	0		0		.00	.00	.000	.00		.00
RADIOLOGY	0		0		.00	.00	.000	.00		.00
ROOM USE	0		0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES		PENDITURE	S MONTH	H-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE	,
MOP024	FEE-FOR-SERVICE/								0	1/17/03
MONTEREY COUNTY	SUMMARY OF SERVIO	CES FOR	67 BCCTP	-TOTAL						
							MON			
00 ELIGIBLES	USERS (JNITS OF			EXPENDITURES	AVERAGE COST		COST PER		r per

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	3 \$	86.17	\$ 28.72	.000 \$	86.17	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	1	3	86.17	28.72	.000	86.17	.00
MEDICAL	1	1	32.75	32.75	.000	32.75	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	1	1	31.93	31.93	.000	31.93	.00
CROSSOVERS/ALL OTH OUTPTNT	1	1	21.49	21.49	.000	21.49	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	30	51	\$	3,022.85	\$	59.27	.000	\$	100.76	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	30	51		3,022.85		59.27	.000		100.76		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PAGE	8,172
MOP024	FEE-FOR-SERVICE/DENTAL	Ĺ								01	1/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

----- MONTHLY AVERAGE -----00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER **USERS** COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 2 6 64.32 32.16 \$ @ALL OTHER PROVIDERS 10.72 .000 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .00 HEARING AID DISPENSERS .000 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .000 .00 64.32 10.72 .000 OPTICIAN 32.16 .00 .000 PHYSICAL THERAPIST .00 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,173
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 68	QMB - O	NLY		AID C	ODE		
							MOI	NTHLY AVERA	GE
1,119 ELIGIBLES	USERS	UNITS OF SER	RVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF	CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	437	4,68	88 \$		120,122.52	\$ 25.62	4.189	\$ 274.88	\$ 107.35
@PHYSICIANS SERVICES	149	56	56 \$		5,462.75	\$ 9.65	.506	\$ 36.66	\$ 4.88
OUTPATIENT VISITS	0		0		.00	.00	.000	.00	.00
OFFICE VISITS	0		0		.00	.00	.000	.00	.00
HOME VISITS	0		0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0		0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0		0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0		0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0		0		.00	.00	.000	.00	.00
INPATIENT VISITS	0		0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0		0		.00	.00	.000	.00	.00
CRITICAL CARE	0		0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00	.00	.000	.00	.00
EXAMINATIONS	0		0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0		0		.00	.00	.000	.00	.00

INTRODUM BONGBON	O	O		• 0 0	• 0 0	.000	.00		• 0 0
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
	0	0			.00	.000			.00
IMMUNIZATION AND INJECTION	•			.00			.00		
OTHER SERVICES/ALL X-OVERS	149	566		5,462.75	9.65	.506	36.66		4.88
@PHARMACY	19	2,785	\$	1,903.04	\$.68	2.489 \$		Ş	1.70
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	19	2 , 785		1,903.04	.68	2.489	100.16		1.70
@DENTIST	20	85	\$.00	\$.00	.076 \$.00	\$.00
VISITS - DIAGNOSTIC	15	70		.00	.00	.063	.00		.00
ORAL SURGERY	1	2		.00	.00	.002	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	1	1		.00	.00	.001	.00		.00
ENDODONTICS	2	3		.00	.00	.003	.00		.00
RESTORATIVE DENTISTRY	5	8		.00	.00	.007	.00		.00
PROSTHETICS	9	0		.00	.00	.000	.00		.00
	0	0							.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		
SPACE MAINTAINERS	U	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	U	U		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	1	1		.00	.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES MONT	H-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PF	AGE 8,174
MOP024	FEE-FOR-SERVIC	E/DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	VICES FOR 68 QMB	- ONLY		AID (CODE			
						MON	THLY AVERA	GE -	
1,119 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	T UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	Y PER ELIG	USER	E	ELIGIBLE
@OPTOMETRIST	1	2	\$	28.27	\$ 14.14	.002 \$	28.27	\$.03
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	1	2		28.27	14.14	.002	28.27		.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000 \$		Ś	.00
VISITS	0	0	7	.00	.00	.000	.00	т	.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	24	103	\$	1,974.52		.092 \$		Ċ	1.76
•			ې	•				Ą	
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00		.00
OTHER	24	103		1,974.52	19.17	.092	82.27		1.76
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000 \$.00	\$.00

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INPATIENT HOSPITAL SURGERY

PRINCIPAL SURGEON

FAMILY NURSE PRACTITIONER	1	1	\$	2.60	\$	2.60	.001	\$ 2.60	\$.00
@TOTAL HOSPITAL	170	856	\$	99,858.53	\$	116.66	.765	\$ 587.40	\$ 89.24
HOSP INPATIENT TOTAL	115	637		96,067.15		150.81	.569	835.37	85.85
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	115	637		96,067.15		150.81	.569	835.37	85.85
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	59	219		3,791.38		17.31	.196	64.26	3.39
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	59	219		3,791.38		17.31	.196	64.26	3.39
@COUNTY HOSPITAL TOTAL	10	28	\$	988.37	\$	35.30	.025	\$ 98.84	\$.88
CO HOSPITAL INPATIENT TOTAL	2	9		830.70		92.30	.008	415.35	.74
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	2	9		830.70		92.30	.008	415.35	.74
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	8	19		157.67		8.30	.017	19.71	.14
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	8	19		157.67		8.30	.017	19.71	.14
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITUE	RES MONTH	-OF-PAYMENT RE	EPORT	r for Jan	2002 THRU D	EC 2002	GE 8,175
MOP024	FEE-FOR-SERVICE/DENTAL	_							01/17/03

----- MONTHLY AVERAGE -----1,119 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 160 828 \$ 98,870.16 \$ 119.41 .740 \$ 617.94 \$ 88.36 151.65 842.80 COMM HOSP INPATIENT TOTAL 113 628 95,236.45 .561 85.11 0 .00 .00 .000 .00 .00 HSC HOSPITALS 0 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 ALL OTHER ACCOM .00 .00 .000 .00 .00 0 .00 .00 .00 .00 ANCILLARIES .000 628 95,236.45 151.65 .561 842.80 85.11 INPATIENT CROSSOVERS ALL OTHER INPATIENT 0 0 .00 .00 .000 .00 .00 51 200 3,633.71 COMM HOSP OUTPATIENT TOTAL 18.17 .179 71.25 3.25 0 MEDICAL .00 .00 .000 .00 .00

AID CODE

SUMMARY OF SERVICES FOR 68 QMB - ONLY

MONTEREY COUNTY

171111011001	O .	O		• 0 0		• 0 0	.000		• 0 0		• 0 0
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	51	200		3,633.71		18.17	.179		71.25		3.25
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	2	0	Ś	147.67	\$.00	.000	Ś	73.84	Ś	.13
LEV A-INTERMEDIATE	0	0	'	.00	'	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	2	0		147.67		.00	.000		73.84		.13
@INTERMEDIATE CARE FACILDD	0	0	Ś	.00	\$.00	.000	Ċ	.00	Ċ	.00
ICF DDH	0	0	۲	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
	0	0				.00	.000		.00		.00
ICF DDN/DDCN	16	18	\$.00 7,677.46	\$	426.53		ċ	479.84	ċ	6.86
@HEMODIALYSIS TOTAL	U T 0		Ş	•	Ą		.016	Ş		Þ	
HOSPITAL BASED	•	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	16	18	^	7,677.46	<u> </u>	426.53	.016	<u> </u>	479.84	<u>^</u>	6.86
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	8.51	\$.00	.000	\$.00	\$.01
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		8.51		.00	.000		.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURE	ES MONT	H-OF-PAYMENT RI	EPOR:	r for jan 2	2002 THRU	DEC	2002	PI	AGE 8,176
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB -	- ONLY			AID CO	DDE				
							M	ONT	HLY AVERA	GE -	
1,119 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PEI	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE
@ALL OTHER PROVIDERS	60	272	\$	3,059.17	\$	11.25	.243	\$	50.99	\$	2.73
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	5	93		129.88		1.40	.083		25.98		.12
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	5	93		129.88		1.40	.083		25.98		.12
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST OPTICIAN	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
PHYSICAL THERAPIST	0	0					.000				.00
PORTABLE X-RAY	U	U		.00		.00	.000		.00		.00

0

0

0

SURGERY

PATHOLOGY

PROSTHETIST/ORTHOTISTS

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PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	55	179	2,929.29	16.36	.160	53.26	2.62
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	421	3,966	\$ 120,114.01	\$ 30.29	3.544	\$ 285.31	\$ 107.34

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,177
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

MONIEREI COUNTI	SUMMARI OF SER	VICES FOR 09 133% I	ROGRAI	4 A.	ID CODES /2 /4			
						MON		
2,282 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,237	•	\$	442,860.59	\$ 61.33	3.164 \$		
@PHYSICIANS SERVICES	104	239	5		\$ 87.86	.105 \$		
OUTPATIENT VISITS	68	83		3 , 974.32	47.88	.036	58.45	1.74
OFFICE VISITS	20	22		1,384.60	62.94	.010	69.23	.61
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	37	39		1,740.33	44.62	.017	47.04	.76
PREVENTIVE CARE	1	1		47.13	47.13	.000	47.13	.02
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	15	21		802.26	38.20	.009	53.48	.35
INPATIENT VISITS	6	18		1,165.06	64.73	.008	194.18	.51
HOSPITAL VISITS	6	18		1,165.06	64.73	.008	194.18	.51
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	3	5		253.86	50.77	.002	84.62	.11
EXAMINATIONS	3	5		253.86	50.77	.002	84.62	.11
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	5	27		2,305.74	85.40	.012	461.15	1.01
PRINCIPAL SURGEON	2	2		1,611.16	805.58	.001	805.58	.71
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	25		694.58	27.78	.011	231.53	.30
OUTPATIENT SURGERY	11	20		6 , 560.82	328.04	.009	596.44	2.88
PRINCIPAL SURGEON	10	15		6,168.60	411.24	.007	616.86	2.70
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	5		392.22	78.44	.002	130.74	.17
DIALYSIS	1	6		474.42	79.07	.003	474.42	.21
PATHOLOGY	1	1		2.11	2.11	.000	2.11	.00
RADIOLOGY	17	22		481.94	21.91	.010	28.35	.21
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	22	57		5 , 779.81	101.40	.025	262.72	2.53
@PHARMACY	57		5	5 , 789.83	•	.063 \$		•
PRESCRIPTION DRUGS	53	85		4,591.50	54.02	.037	86.63	2.01
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	53	85		4,591.50	54.02	.037	86.63	2.01

MEDICAL SUPPLIES	12	58		1,198.33		20.66	.025		99.86		.53
@DENTIST	645	4,443	\$ 1	L25,597.64	\$	28.27	1.947	\$	194.73	\$	55.04
VISITS - DIAGNOSTIC	526	2,728		30,893.04		11.32	1.195		58.73		13.54
ORAL SURGERY	54	94		3,950.00		42.02	.041		73.15		1.73
DRUGS	181	194		4,501.00		23.20	.085		24.87		1.97
ANESTHESIA	2	2		.00		.00	.001		.00		.00
PERIODONTICS	1	1		.00		.00	.000		.00		.00
ENDODONTICS	116	383		26,771.50		69.90	.168		230.79		11.73
RESTORATIVE DENTISTRY	212	1,018		57,795.10		56.77	.446		272.62		25.33
PROSTHETICS	2	2		.00		.00	.001		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	11	13		1,502.00		115.54	.006		136.55		.66
MAXILLOFACIAL SERVICES	1	2		150.00		75.00	.001		150.00		.07
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	1	1		35.00		35.00	.000		35.00		.02
ALL OTHER SERVICES	5	5		.00		.00	.002		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITUR	ES MONTH-OF	F-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 8,178
#CALIF DEPT OF HEALTH SERV MOP024	FEE-FOR-SERVICE	/DENTAL		F-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 8,178 01/17/03
	FEE-FOR-SERVICE					FOR JAN 2 DES 72 74	8N				
MOP024 MONTEREY COUNTY	FEE-FOR-SERVICE SUMMARY OF SERV	/DENTAL	PROGRAM	A	ID CO	DES 72 74	8N M	ONTE	HLY AVERA	GE	01/17/03
MOP024	FEE-FOR-SERVICE	DENTAL ICES FOR 69 133% UNITS OF SERVICE	PROGRAM EXI		ID CO AVE	DES 72 74	8N Mu UNITS/DAY	ONTI S (HLY AVERA COST PER	GE ·	01/17/03 COST PER
MOP024 MONTEREY COUNTY 2,282 ELIGIBLES	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 69 133%	PROGRAM EXI	A: PENDITURES	ID CO AVE PER	DES 72 74 RAGE COST UNIT/DAY	8N M UNITS/DAY PER ELIG	ONTI S (HLY AVERA COST PER USER	GE	01/17/03 COST PER ELIGIBLE
MOP024 MONTEREY COUNTY 2,282 ELIGIBLES @OPTOMETRIST	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 69 133% UNITS OF SERVICE	PROGRAM EXI	A:PENDITURES	ID CO AVE	DES 72 74 RAGE COST UNIT/DAY .00	8N M UNITS/DAY PER ELIG .000	ONTI S (HLY AVERA COST PER USER .00	GE	01/17/03 COST PER ELIGIBLE .00
MOP024 MONTEREY COUNTY 2,282 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 69 133% UNITS OF SERVICE	PROGRAM EXI	APENDITURES	ID CO AVE PER	DES 72 74 RAGE COST UNIT/DAY .00 .00	8N Mo UNITS/DAY PER ELIG .000 .000	ONTI S (HLY AVERA COST PER USER .00	GE	01/17/03 COST PER ELIGIBLE .00 .00
MOP024 MONTEREY COUNTY 2,282 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 69 133% UNITS OF SERVICE	PROGRAM EXI	APENDITURES .00 .00 .00	ID CO AVE PER	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00	8N M UNITS/DAY PER ELIG .000 .000	ONTI S (HLY AVERA COST PER USER .00 .00	GE	01/17/03 COST PER ELIGIBLE .00 .00
MOP024 MONTEREY COUNTY 2,282 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 69 133% UNITS OF SERVICE	PROGRAM EXI	PENDITURES .00 .00 .00 .00	ID CO AVE PER \$	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00	8N M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (HLY AVERA COST PER USER .00 .00 .00	GE ·	01/17/03
MOP024 MONTEREY COUNTY 2,282 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 69 133% UNITS OF SERVICE	PROGRAM EXI	A: PENDITURES .00 .00 .00 .00	ID CO AVE PER	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00 .00	8N M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (HLY AVERA COST PER USER .00 .00 .00 .00	GE ·	01/17/03
MOP024 MONTEREY COUNTY 2,282 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 69 133% UNITS OF SERVICE	PROGRAM EXI	A: PENDITURES .00 .00 .00 .00 .00	ID CO AVE PER \$	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	8N M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S (HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE ·	01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00
MOP024 MONTEREY COUNTY 2,282 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 69 133% UNITS OF SERVICE	PROGRAM EXI \$	A: PENDITURES .00 .00 .00 .00 .00	ID CO AVE PER \$	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	8N M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTI S (\$ \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE S	01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00
MOP024 MONTEREY COUNTY 2,282 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 69 133% UNITS OF SERVICE	PROGRAM EXI	A: PENDITURES .00 .00 .00 .00 .00 .00	ID CO AVE PER \$	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	8N M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	ONTI S (\$ \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE S	01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00 .00
MOP024 MONTEREY COUNTY 2,282 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES	FEE-FOR-SERVICE SUMMARY OF SERV	DENTAL ICES FOR 69 133% UNITS OF SERVICE	PROGRAM EXI \$	A: PENDITURES .00 .00 .00 .00 .00	ID CO AVE PER \$	DES 72 74 RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00	8N M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTI S (\$ \$	HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00	GE S	01/17/03 COST PER ELIGIBLE .00 .00 .00 .00 .00 .00

RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
	0			ċ			ċ		ċ	
@HOME HEALTH AGENCY	0		.00	\$.00	.000	\$		\$.00
NURSE ANESTHESIST	•	0 \$.00	Ş	.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	Ş	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	Ş	.00	.000	\$.00		.00
@TOTAL HOSPITAL	122	386 \$	152,602.36	\$	395.34	.169	\$	1250.84	\$	66.87
HOSP INPATIENT TOTAL	9	38	44,356.06		1167.26	.017		4928.45		19.44
HSC HOSPITALS	7	34	35 , 935.66		1056.93	.015		5133.67		15.75
NON-HSC HOSPITAL TOTAL	2	4	8,420.40		2105.10	.002		4210.20		3.69
ACCOMMODATIONS	2	4	3,882.10		970.53	.002		1941.05		1.70
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	4	3,882.10		970.53	.002		1941.05		1.70
ANCILLARIES	2	0	4,538.30		.00	.000		2269.15		1.99
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	114	348	108,246.30		311.05	.152		949.53		47.43
	21	46								43.26
MEDICAL			98,710.71		2145.89	.020		4700.51		
SURGERY	6	6	541.16		90.19	.003		90.19		.24
PATHOLOGY	32	114	1,499.42		13.15	.050		46.86		.66
RADIOLOGY	16	22	2,773.63		126.07	.010		173.35		1.22
ROOM USE	67	86	3,589.15		41.73	.038		53.57		1.57
CROSSOVERS/ALL OTH OUTPTNT	37	74	1,132.23		15.30	.032		30.60		.50
@COUNTY HOSPITAL TOTAL	44	77 \$	6,421.96	\$	83.40	.034	\$	145.95	\$	2.81
CO HOSPITAL INPATIENT TOTAL	2	3	3,600.00		1200.00	.001		1800.00		1.58
HSC HOSPITALS	2	3	3,600.00		1200.00	.001		1800.00		1.58
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	42	74	2,821.96		38.13	.032		67.19		1.24
	6	12								
MEDICAL	0	0	898.37		74.86	.005		149.73		.39
SURGERY	7		.00		.00	.000		.00		.00
PATHOLOGY	·	13	93.42		7.19	.006		13.35		.04
RADIOLOGY	6	7	548.31		78.33	.003		91.39		.24
ROOM USE	25	28	1,026.71		36.67	.012		41.07		.45
CROSSOVERS/ALL OTH OUTPINT	11	14	255.15		18.23	.006		23.20		.11
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	PΑ	AGE 8,179
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 69 133% P	ROGRAM A	ID C	ODES 72 74	8N				
						M	CONT	HLY AVERA	GE -	
2,282 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	C	COST PER
		OR DAYS OF CARE		PE	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	78	309 \$	146,180.40		473.08			1874.11		64.06
COMM HOSP INPATIENT TOTAL	7	35	40,756.06		1164.46	.015		5822.29		17.86
HSC HOSPITALS	5	31	32,335.66		1043.09	.014		6467.13		14.17
NON-HSC HOSPITALS TOTAL	2	4	8,420.40		2105.10	.002		4210.20		3.69
ACCOMMODATIONS	2	4	3,882.10		970.53	.002		1941.05		1.70
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
INANSIIIONAL IF CARL	U	U	.00		. 00	. 000				. 00

TRANSITIONAL IP CARE

.00

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.00

.00

ALL OTHER ACCOM	2	4			3,882.10		970.53		.002		1941.05		1.70
ANCILLARIES	2	0			4,538.30		.00		.000		2269.15		1.99
INPATIENT CROSSOVERS	0	0			.00		.00		.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00		.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	72	274		10	5,424.34		384.76		.120		1464.23		46.20
MEDICAL	15	34			7,812.34		2876.83		.015		6520.82		42.86
SURGERY	6	6			541.16		90.19		.003		90.19		.24
PATHOLOGY	25	101			1,406.00		13.92		.044		56.24		.62
RADIOLOGY	10	15			2,225.32				.007		222.53		.98
ROOM USE	42	58			2,562.44		148.35 44.18		.025		61.01		1.12
CROSSOVERS/ALL OTH OUTPTNT		60			877.08		14.62		.026		33.73		.38
@STATE HOSPITAL	0	0	\$			\$.00		.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	7		.00	т	.00		.000	т	.00	т	.00
DEVELOP. DISABLED	0	0			.00		.00		.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00		.000	Ċ	.00	Ċ	.00
LEV A-INTERMEDIATE	0	0	Ÿ		.00	Y	.00		.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0			.00		.00		.000		.00		.00
LEV B-KERAB MD LEV B-SUBACUTE FREESTANDING	0	0			.00		.00		.000		.00		.00
	0	0											
LEV B-SUBACUTE HSPTL BASED	U				.00		.00		.000		.00		.00
LEV B-TRANSITIONAL IP CARE	U	0			.00		.00		.000		.00		.00
LEV B-REGULAR	0	0	_		.00	_	.00		.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$			\$.00		.000	Ş	.00	Ş	.00
ICF DDH	0	0			.00		.00		.000		.00		.00
ICF DD	0	0			.00		.00		.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00		.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00		.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00		.000		.00		.00
@REHABILITATION FACILITY	5	7	\$		563.65	\$	80.52		.003	\$	112.73	\$.25
HOSPITAL BASED	5	7			563.65		80.52		.003		112.73		.25
INDEPENDENT FACILITY	0	0			.00		.00		.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		.000	\$.00	\$.00
PATHOLOGY	0	0			.00		.00		.000		.00		.00
XO AND OTHERS	0	0			.00		.00		.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,245	1,625	\$	12	4,566.81	\$	76.66		.712	\$	100.05	\$	54.59
CLINIC	_,	0	'		.00		.00		.000		.00		.00
SURGICENTER	Ô	0			.00		.00		.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00		.000		.00		.00
RURAL HEALTH CLINIC	1,245	1,625		124	4,566.81		76.66		.712		100.05		54.59
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITU	RES N			ZPORT				DEC		P	
MOP024	FEE-FOR-SERVICE		INDO I	JONIII OI		11 01(1	1 010 07110	2002	111110	DLC	2002		01/17/03
MONTEREY COUNTY		ICES FOR 69 133	& DRC	CRAM	Δ -	TD CC	NDES 72 74	1 8 N					01/1//03
MONIEREI COUNTI	SUMMANT OF SERV	ICES FOR 09 133	% FIXC	JGINAM	Λ.	ID CC)		N	∩мтч	HLY AVERA	CF	
2,282 ELIGIBLES	USERS	UNITS OF SERVIC	· c·	FVDF	מחדייווסבים	7/17/17	ERAGE COST						COST PER
2,202 EHIGIDHES	OSEKS	OR DAYS OF CAR		EVEE	NDITORES		R UNIT/DAY				USER		ELIGIBLE
AALI OHUED DOOUTDEDG	117			1 /	242 22								
@ALL OTHER PROVIDERS	117		Ą	Ι,	2,742.22	Ş				Ą	108.91	Þ	
DURABLE MED. EQUIP.	1	1			114.75		114.75		.000		114.75		.05
BLOOD BANK	0	0			.00		.00		.000		.00		.00
HEARING AID DISPENSERS	5	21		;	3,437.70		163.70		.009		687.54		1.51
MEDICAL TRANSPORTATION	0	0			.00		.00		.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00		.000		.00		.00
OTHER TRANS	0	0			.00		.00		.000		.00		.00
OTHER SERVICES	0	0			.00		.00		.000		.00		.00
ACUPUNCTURE	0	0			.00		.00		.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0			.00		.00		.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00		.000		.00		.00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	8	16	133.12		8.32	.007	16.64	.06
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	4	30	4,086.72		136.22	.013	1021.68	1.79
PROSTHETICS	4	30	4,086.72		136.22	.013	1021.68	1.79
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	7	1,883.12	4	269.02	.003	1883.12	.83
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	98	303	3,086.81		10.19	.133	31.50	1.35
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	140	551	\$ 179,517.80	\$.	325.80	.241	\$ 1282.27	\$ 78.67
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,181 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 MONTEREY COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

					MOI	NTHLY AVERA	GE
2,729 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,462	7,281 \$	697,773.37	\$ 95.83	2.668	\$ 477.27	\$ 255.69
@PHYSICIANS SERVICES	85	208 \$	15,148.47	\$ 72.83	.076		\$ 5.55
OUTPATIENT VISITS	37	70	2,362.54	33.75	.026	63.85	.87
OFFICE VISITS	9	13	637.51	49.04	.005	70.83	.23
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	18	18	837.17	46.51	.007	46.51	.31
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	8	37	829.36	22.42	.014	103.67	.30
OTHER OUTPATIENT	2	2	58.50	29.25	.001	29.25	.02
INPATIENT VISITS	19	52	4,484.23	86.24	.019	236.01	1.64
HOSPITAL VISITS	16	34	1,682.29	49.48	.012	105.14	.62
CRITICAL CARE	6	18	2,801.94	155.66	.007	466.99	1.03
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	11	17	4,417.55	259.86	.006	401.60	1.62
PRINCIPAL SURGEON	10	10	4,139.18	413.92	.004	413.92	1.52
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	2	7	278.37	39.77	.003	139.19	.10
OUTPATIENT SURGERY	4	7	1,668.45	238.35	.003	417.11	.61
PRINCIPAL SURGEON	4	7	1,668.45	238.35	.003	417.11	.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	8	20	171.85	8.59	.007	21.48	.06
RADIOLOGY	17	24	1,228.72	51.20	.009	72.28	.45
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	13	18		815.13		45.29	.007	62.70		.30
@PHARMACY	43	302	\$	387,529.80	\$	1283.21	.111	\$ 9012.32	\$	142.00
PRESCRIPTION DRUGS	37	75		19,025.89		253.68	.027	514.21		6.97
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	37	75		19,025.89		253.68	.027	514.21		6.97
MEDICAL SUPPLIES	7	227		368,503.91		1623.37	.083	52643.42		135.03
@DENTIST	527	2,950	\$	72,841.28	\$	24.69	1.081	\$ 138.22	\$	26.69
VISITS - DIAGNOSTIC	384	1,980		24,959.85		12.61	.726	65.00		9.15
ORAL SURGERY	73	128		7,364.50		57.54	.047	100.88		2.70
DRUGS	108	126		2,602.75		20.66	.046	24.10		.95
ANESTHESIA	4	4		400.00		100.00	.001	100.00		.15
PERIODONTICS	2	2		55.00		27.50	.001	27.50		.02
ENDODONTICS	36	50		6,211.13		124.22	.018	172.53		2.28
RESTORATIVE DENTISTRY	223	617		27,728.05		44.94	.226	124.34		10.16
PROSTHETICS	1	1		30.00		30.00	.000	30.00		.01
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	3	4		600.00		150.00	.001	200.00		.22
MAXILLOFACIAL SERVICES	1	1		40.00		40.00	.000	40.00		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	26	35		2,850.00		81.43	.013	109.62		1.04
ALL OTHER SERVICES	4	2		.00		.00	.001	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDIT	URES MONTH	-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC 2002	P7	AGE 8,182
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FO	R 70 10	0% PROGRAM	I A	ID C	ODES 7A 7	C 8R			
							M	ONTHLY AVERA	ωGE -	

MONIEREI COUNII	SUMMARI OF SERV	/ICES FOR /0 100	o FROGR	AM A	TD C	ODES IN IC					
							M			GE.	
2,729 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES		ERAGE COST	/	S	COST PER		COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	5	6	\$	404.43	\$	67.41	.002	\$	80.89	\$.15
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	89	321	\$	90,879.47	\$	283.11	.118	\$	1021.12	\$	33.30
HOSP INPATIENT TOTAL	18	52		84,014.57		1615.66	.019		4667.48		30.79
HSC HOSPITALS	13	37		47,205.10		1275.81	.014		3631.16		17.30
NON-HSC HOSPITAL TOTAL	5	15		36,809.47		2453.96	.005		7361.89		13.49
ACCOMMODATIONS	5	15		14,098.19		939.88	.005		2819.64		5.17
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	15		14,098.19		939.88	.005		2819.64		5.17
ANCILLARIES	5	0		22,711.28		.00	.000		4542.26		8.32
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	78	269		6,864.90	25.52	.099	88.01	2.	.52
MEDICAL	7	9		360.77	40.09	.003	51.54		.13
SURGERY	3	3		218.55	72.85	.001	72.85		.08
PATHOLOGY	41	125		1,485.45	11.88	.046	36.23		.54
RADIOLOGY	15	23		1,545.11	67.18	.008	103.01		. 57
ROOM USE	41	52		2,198.00	42.27	.019	53.61		.81
CROSSOVERS/ALL OTH OUTPINT	30	57		1,057.02	18.54	.021	35.23		.39
@COUNTY HOSPITAL TOTAL	45	130	\$	33,603.46	\$ 258.49	.048	\$ 746.74	\$ 12.	.31
CO HOSPITAL INPATIENT TOTAL	10	26		31,200.08	1200.00	.010	3120.01	11.	.43
HSC HOSPITALS	10	26		31,200.08	1200.00	.010	3120.01	11.	.43
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	39	104		2,403.38	23.11	.038	61.63		.88
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	1	1		20.64	20.64	.000	20.64		.01
PATHOLOGY	15	44		445.34	10.12	.016	29.69		.16
RADIOLOGY	7	8		417.80	52.23	.003	59.69		.15
ROOM USE	24	26		921.44	35.44	.010	38.39		.34
CROSSOVERS/ALL OTH OUTPINT	15	25		598.16	23.93	.009	39.88		. 22
#CALIF DEPT OF HEALTH SERV			URES M	ONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU D	EC 2002	PAGE 8	
MOP024	FEE-FOR-SERVICE	•						01/1	L7/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 70 10	0% PRO	GRAM AI	ID CODES 7A 7C	8R			
							NTHLY AVERA		
2,729 ELIGIBLES	USERS	UNITS OF SERVI		EXPENDITURES	AVERAGE COST			COST P	
@COMMUNITY HOSPITAL TOTAL		OR DAYS OF CA	RE		PER UNIT/DAY	PER ELIG	USER	ELIGIB	3LE
	48	191	\$	57,276.01	\$ 299.87		\$ 1193.25	\$ 20.	

COMM HOSP INPATIENT TOTAL	9	26		52,814.49		2031.33	.010		5868.28		19.35
HSC HOSPITALS	4	11		16,005.02		1455.00	.004		4001.26		5.86
NON-HSC HOSPITALS TOTAL	5	15		36,809.47		2453.96	.005		7361.89		13.49
ACCOMMODATIONS	5	15		14,098.19		939.88	.005		2819.64		5.17
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	5	15		14,098.19		939.88	.005		2819.64		5.17
ANCILLARIES	5	0		22,711.28		.00	.000		4542.26		8.32
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER INPATIENT	· · · · · · · · · · · · · · · · · · ·			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	40	165		4,461.52		27.04	.060		111.54		1.63
MEDICAL	7	9		360.77		40.09	.003		51.54		.13
SURGERY	2	2		197.91		98.96	.001		98.96		.07
PATHOLOGY	26	81		1,040.11		12.84	.030		40.00		.38
RADIOLOGY	8	15		1,127.31		75.15	.005		140.91		.41
ROOM USE	17	26		1,276.56		49.10	.010		75.09		.47
CROSSOVERS/ALL OTH OUTPINT	15	32		458.86		14.34	.012		30.59		.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00		.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Y	.00		.00	.000	7	.00	۲	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	-	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00		.00	.000	\$.00	Ş	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0	·	.00		.00	.000	•	.00	·	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	16	33	\$	736.42		22.32	.012	\$	46.03	Ś	.27
PATHOLOGY	16	33	Y	736.42		22.32	.012	Y	46.03	Y	.27
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	470	740	\$	62,537.69		84.51	.271	ċ	133.06	ċ	22.92
-			Ą					Ş		Ą	
CLINIC	1	8		299.96		37.50	.003		299.96		.11
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	469	732		62,237.73		85.02	.268		132.70		22.81
#CALIF DEPT OF HEALTH SERV			JRES	MONTH-OF-PAYMENT I	REPOR	r for jan 2	2002 THRU	DEC	2002	Ρ.	AGE 8,184
MOP024	FEE-FOR-SERVICE										01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 70 100)% PR	OGRAM A	AID CO	ODES 7A 7C	8R				
							M	ONT	HLY AVERA	GΕ	
2,729 ELIGIBLES	USERS	UNITS OF SERVICE	Œ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CAR	RE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	329	2,721	\$	67,695.81	\$.997				24.81
DURABLE MED. EQUIP.	4	8	•	9,062.37		1132.80	.003		2265.59		3.32
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	6	19		2,014.50		106.03	.007		335.75		.74
MEDICAL TRANSPORTATION	2	172		4,686.38		27.25	.063		2343.19		1.72
INDICIAL TIVINGLOMATION	2	1 / 2		4,000.30		21.20	.003		2010.19		1.14

AMBULANCES/AIR TRANS	2	171	2,886.38		16.88	.063	1443.19	1.06
OTHER TRANS	0	0	.00		.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1	800.00	.000	1800.00	.66
ACUPUNCTURE	0	0	.00		.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	23	23	1,988.00		86.43	.008	86.43	.73
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	64	146	1,174.76		8.05	.053	18.36	.43
PHYSICAL THERAPIST	1	1	88.69		88.69	.000	88.69	.03
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	11	1,838.64		167.15	.004	919.32	.67
PROSTHETICS	1	10	1,725.33		172.53	.004	1725.33	.63
ORTHOTICS	1	1	113.31		113.31	.000	113.31	.04
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	5	180.59		36.12	.002	180.59	.07
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	225	1,095	10,363.22		9.46	.401	46.06	3.80
EPSDT SUPPLEMENTAL SERVICE	4	1,241	36,298.66		29.25	.455	9074.67	13.30
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	64	1,764	\$ 482,882.49	\$	273.74	.646	\$ 7545.04	\$ 176.94
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

 $[\]ensuremath{ ext{@*}}$ TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,185
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

						MO	NTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7 , 859	23,226	\$	1,379,759.23	\$ 59.41	.000	\$ 175.56	\$.00
@PHYSICIANS SERVICES	1,863	4,359	\$	189,130.62	\$ 43.39	.000	\$ 101.52	\$.00
OUTPATIENT VISITS	922	2,873		121,559.90	42.31	.000	131.84	.00
OFFICE VISITS	48	53		715.74	13.50	.000	14.91	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	882	2,810		120,728.98	42.96	.000	136.88	.00
OTHER OUTPATIENT	9	10		115.18	11.52	.000	12.80	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	19		660.85	34.78	.000	165.21	.00
PRINCIPAL SURGEON	1	1		168.65	168.65	.000	168.65	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	18		492.20	27.34	.000	164.07	.00
OUTPATIENT SURGERY	68	126		11,960.09	94.92	.000	175.88	.00
PRINCIPAL SURGEON	67	92		10,941.89	118.93	.000	163.31	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	30	34	1,018.20	29.95	.000	33.94	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	445	448	5,930.32	13.24	.000	13.33	.00
RADIOLOGY	873	884	48,861.95	55.27	.000	55.97	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	117.51	117.51	.000	117.51	.00
OTHER SERVICES/ALL X-OVERS	2	8	40.00	5.00	.000	20.00	.00
@PHARMACY	689	1,029 \$	22,094.68 \$	21.47	.000	\$ 32.07	\$.00
PRESCRIPTION DRUGS	662	974	17,518.95	17.99	.000	26.46	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	662	974	17,518.95	17.99	.000	26.46	.00
MEDICAL SUPPLIES	28	55	4,575.73	83.20	.000	163.42	.00
@DENTIST	0	0 \$.00 \$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 8,18

01/17/03

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
MONTEREY COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 .000 0 .00 .00 .00 .00 DIAGNOSTIC AND ANC. PROCED 0 EYE APPLIANCES .00 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .000 \$.00 \$.00 @PODIATRIST MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 .00 .00 .000 RADIO./PATHOLOGY OTHER 0 .00 .00 .000 .00 .00 0 @HOME HEALTH AGENCY .00 .00 .000 \$.00 \$.00 .000 \$ NURSE ANESTHESIST .00 .00 .00 .00 NURSE MIDWIFE 523.11 23.78 .000 \$ 261.56 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 .00 0 0 .00 .00 .000 \$ FAMILY NURSE PRACTITIONER .00 .00 1,761 3,293 114,075.79 64.78 @TOTAL HOSPITAL 34.64 .000 \$.00 .00 .00 .00 HOSP INPATIENT TOTAL .000 .00 HSC HOSPITALS 0 0 .00 .00 .000 .00 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DATE	O	O	• 0 0	• 0 0	• 0 0 0	• 0 0	• 0 0	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL			114,075.79	34.64	.000	64.78	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	15	18		42.18	.000	50.62	.00	
PATHOLOGY	1,332	2,388	55 , 675.93	23.31	.000	41.80	.00	
RADIOLOGY	356	364	28,088.99	77.17	.000	78.90	.00	
ROOM USE	291	400	13,328.75	33.32	.000	45.80	.00	
CROSSOVERS/ALL OTH OUTPINT	89	123	16,222.81	131.89	.000	182.28	.00	
@COUNTY HOSPITAL TOTAL	1,049	123 1,913 \$	72,031.26	37.65	.000 \$			
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
	0	0						
NON-HSC HOSPITALS TOTAL	U	U	.00	.00	.000		.00	
ACCOMMODATIONS	O	0	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00			.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00 .00 72,031.26	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL		1,913	72 031 26					
		1,913	12,031.26	37.65	.000	68.67	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	10	13	469.91	36.15	.000	46.99	.00	
PATHOLOGY	686	1,135	23,186.69	20.43 76.84	.000	33.80	.00	
RADIOLOGY	243	249	19,134.24	76.84	.000	78.74	.00	
ROOM USE	284	393	13,066.24	33.25	.000	46.01	.00	
CROSSOVERS/ALL OTH OUTPTNT	89	123	16,174.18	131.50	.000	181.73	.00	
#CALIF DEPT OF HEALTH SERV								
	FEE-FOR-SERVICE		WIII OF TATREMI NEIC	JINI FOR OAN 2	.002 IIIKO DEC	2002	01/17/03	
			I TOTOTI TON DODONANO	T ATD CODEC	7.0		01/11/03	
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 71 PRESUMP E	LIGIBILITY-PREGNANT	r AID CODES			· -	
00					MONT			
00 ELIGIBLES	USERS	UNITS OF SERVICE					COST PER	
		OR DAYS OF CARE	I	PER UNIT/DAY		USER		
@COMMUNITY HOSPITAL TOTAL	723	1 , 380 \$	42,044.53	\$ 30.47	.000 \$	58.15	\$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	Ô	.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0	.00	.00	.000		.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
	0	0			.000	.00		
ALL OTHER ACCOM	Ü	0	.00	.00	.000		.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	723	1,380	42,044.53	30.47	.000	58.15	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	5	5	289.40	57.88	.000	57.88	.00	
PATHOLOGY	651	1,253	32,489.24	25.93	.000	49.91	.00	
RADIOLOGY	113	115	8,954.75	77.87	.000	79.25	.00	
ROOM USE	7	7	262.51	37.50	.000	37.50	.00	
CROSSOVERS/ALL OTH OUTPTNT	0	0	48.63	.00	.000	.00	.00	
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00	
0011112 11001 11112								

0

ADMINISTRATIVE DAYS

.00

.00

.000

.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2,409	5,719	\$	146,676.83	\$	25.65	.000	\$	60.89	\$.00
PATHOLOGY	2,409	5,719		146,676.83		25.65	.000		60.89		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	3 , 580	8,493	\$	874,841.20	\$	103.01	.000	\$	244.37	\$.00
CLINIC	78	450		17,305.25		38.46	.000		221.86		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	3 , 505	8,043		857 , 535.95		106.62	.000		244.66		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITU	JRES M	IONTH-OF-PAYMENT RE	EPOR'	r for jan 2	002 THRU	DEC	2002	PAGI	E 8,188
MOP024	FEE-FOR-SERVICE/DENTA	AL								(01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES I	FOR 71 PRE	ESUMP	ELIGIBILITY-PREGNA	TNA	AID CODES					
							M	ONT	HLY AVERA	GE	

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		R DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	309	311 \$	32,417.00	\$ 104.23	.000 \$	104.91 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	309	311	32,417.00	104.23	.000	104.91	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,189
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

HOWIERE COOKII	DOIMMING OF DELL	CVIODO IOIC	, 2 11110	1 01111	TODELKOOLODID IIKO	21 (2 11 1	1110 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
								MO	TNC	HLY AVERA	.GE	
96 ELIGIBLES	USERS	UNITS OF	SERVIC	Ε	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	19		44	\$	3,753.35	\$	85.30	.458	\$	197.54	\$	39.10
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00

INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000	.00		.00
DIALYSIS	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
PSYCHIATRY	0	0		.00		.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000	.00		.00
@PHARMACY	17	40	\$	3,663.46	\$	91.59	.417	\$ 215.50	\$	38.16
PRESCRIPTION DRUGS	17	40		3,663.46		91.59	.417	215.50		38.16
SNF/ICF	0	0		.00		.00	.000	.00		.00
OUTPATIENTS	17	40		3,663.46		91.59	.417	215.50		38.16
MEDICAL SUPPLIES	0	0		.00		.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00		.00
ORAL SURGERY	0	0		.00		.00	.000	.00		.00
DRUGS	0	0		.00		.00	.000	.00		.00
ANESTHESIA	0	0		.00		.00	.000	.00		.00
PERIODONTICS	0	0		.00		.00	.000	.00		.00
ENDODONTICS	0	0		.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00		.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	· ·	•	ES M	ONTH-OF-PAYMENT RE	EPORT					AGE 8,190
MOP024	FEE-FOR-SERVICE				DI OIKI	I OIC OIIIV 2	.002 1111(0 2	.10 2002	-	01/17/03
MONTEREY COUNTY			_CAT	TUBERCULOSIS PROC	GRAM	AID CC	DE:			01/1//03
HOWIERE COOKIT	DOIMING OF DERCO	1010 1010 72 11101	. 0111	I TOBERCOLOGIE TROC	Oluli	1110 00		NTHLY AVER	AGE.	
96 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS			COST PER
30 5515155	002110	OR DAYS OF CARE		E111 E113 I I 011E0			PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	Ŝ	.00	\$.00	.000		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	Τ	.00	Ψ	.00	.000	.00		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00		\$.00		.00
VISITS	0	0	٧	.00	Y	.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	0	0	\$.00	\$.00		\$.00		.00
MEDICINE/INJECTIONS	0	0	Y	.00	Y	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00		.00
NURSE ANESTHESIST	0	0	ş \$.00	۶ \$.00		\$.00		.00
NURSE MIDWIFE	0	0	\$.00	۶ \$.00		\$.00		.00
PEDIATRIC NURSE PRACTITIONER		0	\$.00	\$.00		•	\$.00
LEDIATRIC NORSE ENACTITIONER	. 0	O	Y	.00	Y	.00	.000	.00	۲	• 0 0

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	2	4	\$	89.89	\$	22.47	.042	\$ 44.95	\$.94
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	Û	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	2	4		89.89		22.47	.042	44.95		.94
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	1	1		13.99		13.99	.010	13.99		.15
ROOM USE	7	2		65.90		32.95	.010	32.95		.13
	∠ 1	1					.010	10.00		.10
CROSSOVERS/ALL OTH OUTPTNT	1	4	Ċ	10.00	Ċ	10.00	.010		Ċ	.10
@COUNTY HOSPITAL TOTAL	2	-	\$	89.89	\$	22.47			\$	
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	2	4		89.89		22.47	.042	44.95		.94
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	1	1		13.99		13.99	.010	13.99		.15
ROOM USE	2	2		65.90		32.95	.021	32.95		.69
CROSSOVERS/ALL OTH OUTPINT	1	1		10.00		10.00	.010	10.00		.10
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	ES MO	NTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU 1	DEC 2002	PAG:	E 8,191
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 72 MEDI-	-CAL	TUBERCULOSIS PRO	GRAM	AID CO	DDE			
							MO	ONTHLY AVERA	GE	
96 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S COST PER	CO	ST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00

96 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		\$.00	\$.00
ICF DDH	0	0	т	.00	т.	.00	.000	.00	т.	.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0	Υ	.00	Υ	.00	.000	.00	Υ	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	.00	Y	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
PATHOLOGY	0	0	Y	.00	Y	.00	.000	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		\$.00	\$.00
CLINIC CLINIC	0	0	Ą	.00	Ą	.00	.000	.00	Ą	.00
	0	0		.00						
SURGICENTER	0	0				.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	U CAL GERMANI	•	0 10	.00	IDODE	.00	.000	.00	D 7	.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICES AND		S MC	DNTH-OF-PAYMENT RE	PORT	FOR JAN 2	1002 THRU D.	EC 2002	PF	AGE 8,192
	FEE-FOR-SERVICE/DENT		~ T T	MILED CHI OCTO DDOC	77.74	7 TD 00	D.F.			01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR /2 MEDI-	CAL	TUBERCULOSIS PROG	-KAM	AID CC		NIMILI X 217002	C.E.	
OC ELICIPIES	HCEDC HNIE	OF CEDUTCE		EXPENDIBLIDED	70 7 7 77 7	ONCE COCE		NTHLY AVERA		COCH DED
96 ELIGIBLES		S OF SERVICE		EXPENDITURES			UNITS/DAYS			COST PER
GALL OWNED DDOLLDEDG		DAYS OF CARE	ċ	0.0		UNIT/DAY		USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	•	\$.00
DURABLE MED. EQUIP.	0	-		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	U	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	O	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,193 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

						MON	ITHLY AVERA	GE
2,454 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2,528	12,983	\$	1,671,750.76	\$ 128.76	5.291	661.29	\$ 681.24
@PHYSICIANS SERVICES	1,187	4,437	\$	265,450.55	\$ 59.83	1.808	223.63	\$ 108.17
OUTPATIENT VISITS	509	1,479		60,640.24	41.00	.603	119.14	24.71
OFFICE VISITS	50	59		2,105.29	35.68	.024	42.11	.86
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	55	60		3,586.16	59.77	.024	65.20	1.46
PREVENTIVE CARE	1	1		47.13	47.13	.000	47.13	.02
OB VISITS/COMPRE PERI	400	1,327		53,772.73	40.52	.541	134.43	21.91
OTHER OUTPATIENT	27	32		1,128.93	35.28	.013	41.81	.46
INPATIENT VISITS	226	502		31,031.41	61.82	.205	137.31	12.65

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	0.1.0	200		10 114 01		45 40	1.60		06.06		7 20
HOSPITAL VISITS	210	399		18,114.91		45.40	.163		86.26		7.38
CRITICAL CARE	22	103		12,916.50		125.40	.042		587.11		5.26
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	205	422		105,294.90		249.51	.172		513.63		42.91
PRINCIPAL SURGEON	175	177		97,427.28		550.44	.072		556.73		39.70
ASSISTANT SURGEON	13	13		2,126.25		163.56	.005		163.56		.87
ANESTHESIOLOGIST	32	232		5,741.37		24.75	.095		179.42		2.34
OUTPATIENT SURGERY	175	335		30,674.30		91.57	.137		175.28		12.50
PRINCIPAL SURGEON	173	222		27,484.85		123.81	.090		158.87		11.20
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	101	113		3,189.45		28.23	.046		31.58		1.30
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	215	469		4,522.73		9.64	.191		21.04		1.84
RADIOLOGY	388	474		23,523.48		49.63	.193		60.63		9.59
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	169	462		4,401.56		9.53	.188		26.04		1.79
OTHER SERVICES/ALL X-OVERS	161	294		5,361.93		18.24	.120		33.30		2.18
@PHARMACY	446	883	5	21,385.12	Ś	24.22	.360		47.95	Ś	8.71
PRESCRIPTION DRUGS	442	860		20,019.32	·	23.28	.350		45.29		8.16
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	442	860		20,019.32		23.28	.350		45.29		8.16
MEDICAL SUPPLIES	11	23		1,365.80		59.38	.009		124.16		.56
@DENTIST	3		\$	25.00	Ś	1.92	.005		8.33	Ś	.01
VISITS - DIAGNOSTIC	3	11	•	25.00	'	2.27	.004		8.33		.01
ORAL SURGERY	1	2		.00		.00	.001		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	Û		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		
ALL OTHER SERVICES	~		- MONTE		, DOD	.00				Ţ.	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A		5 MON'I	H-OF-PAYMENT RE	'LOK.I.	FOR JAN	ZUUZ THRU	DEC	2002	Ρ.	AGE 8,194
MOP024	FEE-FOR-SERVICE/DEN		~~								01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

							MC	TNC	HLY AVERA	GE	
2,454 ELIGIBLES	USERS	UNITS OF SERVICE	}	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	}		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	74	81	\$	5,228.38	\$	64.55	.033	\$	70.65	\$	2.13
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1,049	4,119	\$	1,158,253.64	\$	281.20	1.678	\$	1104.15	\$	471.99
HOSP INPATIENT TOTAL	228	779		1,080,194.58		1386.64	.317		4737.70		440.18
HSC HOSPITALS	177	543		645,810.66		1189.34	.221		3648.65		263.17
NON-HSC HOSPITAL TOTAL	51	236		434,383.92		1840.61	.096		8517.33		177.01
ACCOMMODATIONS	51	236		178,917.90		758.13	.096		3508.19		72.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	51	236		178,917.90		758.13	.096		3508.19		72.91
ANCILLARIES	51	0		255,466.02		.00	.000		5009.14		104.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	912	3,340		78,059.06		23.37	1.361		85.59		31.81
MEDICAL	45	62		4,130.38		66.62	.025		91.79		1.68
SURGERY	37	51		1,968.52		38.60	.021		53.20		.80
PATHOLOGY	590	2,029		26,304.45		12.96	.827		44.58		10.72
RADIOLOGY	174	189		12,463.90		65.95	.077		71.63		5.08
ROOM USE	379	589		19,905.98		33.80	.240		52.52		8.11
CROSSOVERS/ALL OTH OUTPTNT	277	420		13,285.83		31.63	.171		47.96		5.41
@COUNTY HOSPITAL TOTAL	658	2,581	\$	506,976.14	\$	196.43	1.052	\$	770.48	\$	206.59
CO HOSPITAL INPATIENT TOTAL	134	377		455,773.11		1208.95	.154		3401.29		185.73
HSC HOSPITALS	134	377		455,773.11		1208.95	.154		3401.29		185.73
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	569	2,204		51,203.03		23.23	.898		89.99		20.87
MEDICAL	8	11		563.33		51.21	.004		70.42		.23
SURGERY	19	26		885.03		34.04	.011		46.58		.36
PATHOLOGY	344	1,334		17,060.65		12.79	.544		49.59		6.95
RADIOLOGY	108	118		7,223.63		61.22	.048		66.89		2.94
ROOM USE	289	452		14,894.76		32.95	.184		51.54		6.07
CROSSOVERS/ALL OTH OUTPTNT	176	263		10,575.63		40.21	.107		60.09		4.31
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES MO	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	P.	AGE 8,195
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES	FOR 73 MIN	IOR COI	NSENT AID CODES A	ID C	ODES 7M 7P	7R				

----- MONTHLY AVERAGE -----USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER 2,454 ELIGIBLES EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 422 1,538 \$ \$ 423.46 .627 \$ 1543.31 \$ 265.39 651,277.50 COMM HOSP INPATIENT TOTAL 95 402 624,421.47 1553.29 .164 6572.86 254.45 190,037.55 HSC HOSPITALS 44 166 1144.80 .068 4319.04 77.44 51 236 .096 8517.33 NON-HSC HOSPITALS TOTAL 434,383.92 1840.61 177.01 51 236 758.13 3508.19 72.91 ACCOMMODATIONS 178,917.90 .096 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

ALL OTHER ACCOM	51	236		178,917.90		758.13	.096		3508.19		72.91
ANCILLARIES	51	0		255,466.02		.00	.000		5009.14		104.10
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	362	1,136		26,856.03		23.64	.463		74.19		10.94
MEDICAL	37	51		3,567.05		69.94	.021		96.41		1.45
SURGERY	18	25		1,083.49		43.34	.010		60.19		. 44
PATHOLOGY	255	695		9,243.80		13.30	.283		36.25		3.77
RADIOLOGY	67	71		5,240.27		73.81	.029		78.21		2.14
ROOM USE	94	137		5,011.22		36.58	.056		53.31		2.04
CROSSOVERS/ALL OTH OUTPTNT	103	157		2,710.20		17.26	.064		26.31		1.10
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	235	498	\$	10,610.67	\$	21.31	.203	\$	45.15	\$	4.32
PATHOLOGY	235	498		10,610.67		21.31	.203		45.15		4.32
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	700	2,194	\$	180,205.86	\$	82.14	.894	\$	257.44	\$	73.43
CLINIC	199	810		28,736.15		35.48	.330		144.40		11.71
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	504	1,384		151,469.71		109.44	.564		300.54		61.72
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI		JRES M	IONTH-OF-PAYMENT RE	EPORI	FOR JAN 200	2 THRU	DEC	2002	PA	GE 8,196
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES H	FOR 73 MIN	IOR CC	NSENT AID CODES AI	ID CC	DDES 7M 7P 7F	}				

----- MONTHLY AVERAGE -----2,454 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 190 758 \$ 30,591.54 \$ 40.36 .309 \$ 161.01 \$ 12.47 @ALL OTHER PROVIDERS 6 201.00 33.50 .002 33.50 .08 DURABLE MED. EQUIP. 6 0 .00 .00 BLOOD BANK 0 .00 .000 .00 HEARING AID DISPENSERS 0 0 .00 .00 .000 .00 .00 542 13,507.33 24.92 .221 MEDICAL TRANSPORTATION 16 844.21 5.50 AMBULANCES/AIR TRANS 16 538 7,882.33 14.65 .219 492.65 3.21 .00 0 0 .00 .000 .00 .00 OTHER TRANS 1406.25 1406.25 2.29 5,625.00 .002 OTHER SERVICES .00 ACUPUNCTURE 0 .00 .000 .00 .00 0 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 GENETIC DISEASE TESTING 144 145 12,498.00 86.19 .059 86.79 5.09

0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
21	39		2,719.95		69.74	.016		129.52		1.11
0	0		.00		.00	.000		.00		.00
13	26		1,665.26		64.05	.011		128.10		.68
3	12		275.88		22.99	.005		91.96		.11
13	14		1,389.38		99.24	.006		106.88		.57
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
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0	0		.00		.00	.000		.00		.00
0	0		.00		.00	.000		.00		.00
12	102	\$	100,539.66	\$	985.68	.042	\$	8378.31	\$	40.97
0	0	\$.00	\$.00	.000	\$.00	\$.00
	0 0 0 21 0 13 3 13 0 0 0 0 0 0 0 0	0 0 13 26 3 12 13 14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 13 26 3 12 13 14 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 .00 0 0 .00 21 39 2,719.95 0 0 .00 13 26 1,665.26 3 12 275.88 13 14 1,389.38 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00	0 0 .00 0 0 .00 21 39 2,719.95 0 0 .00 13 26 1,665.26 3 12 275.88 13 14 1,389.38 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 0 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00 .00 0 .00	0 0 .00 .00 0 0 .00 .00 21 39 2,719.95 69.74 0 0 .00 .00 13 26 1,665.26 64.05 3 12 275.88 22.99 13 14 1,389.38 99.24 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00	0 0 .00 .00 .00 .00 21 39 2,719.95 69.74 .016 0 0 .00 .00 .00 13 26 1,665.26 64.05 .011 3 12 275.88 22.99 .005 13 14 1,389.38 99.24 .006 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 <td>0 0 .00 .00 .000 .000 21 39 2,719.95 69.74 .016 0 0 .00 .00 .000 13 26 1,665.26 64.05 .011 3 12 275.88 22.99 .005 13 14 1,389.38 99.24 .006 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00</td> <td>0 0 .00 .00 .00 .00 .00 21 39 2,719.95 69.74 .016 129.52 0 0 .00 .00 .00 .00 13 26 1,665.26 64.05 .011 128.10 3 12 275.88 22.99 .005 91.96 13 14 1,389.38 99.24 .006 106.88 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0</td> <td>0 0 .00 .00 .00 .00 .00 21 39 2,719.95 69.74 .016 129.52 0 0 .00 .00 .00 .00 13 26 1,665.26 64.05 .011 128.10 3 12 275.88 22.99 .005 91.96 13 14 1,389.38 99.24 .006 106.88 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0</td>	0 0 .00 .00 .000 .000 21 39 2,719.95 69.74 .016 0 0 .00 .00 .000 13 26 1,665.26 64.05 .011 3 12 275.88 22.99 .005 13 14 1,389.38 99.24 .006 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .00	0 0 .00 .00 .00 .00 .00 21 39 2,719.95 69.74 .016 129.52 0 0 .00 .00 .00 .00 13 26 1,665.26 64.05 .011 128.10 3 12 275.88 22.99 .005 91.96 13 14 1,389.38 99.24 .006 106.88 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0	0 0 .00 .00 .00 .00 .00 21 39 2,719.95 69.74 .016 129.52 0 0 .00 .00 .00 .00 13 26 1,665.26 64.05 .011 128.10 3 12 275.88 22.99 .005 91.96 13 14 1,389.38 99.24 .006 106.88 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,197 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

MONIEREI COONII	SUMMAKI OF SEK	VICES FOR /4 FOR .	COTOKI	1000		MON	תחות אוובטא	CF
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
00 EHIGIBHES	CALICO	OR DAYS OF CARE		EVERNOTIONES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	Λ	OR DAIS OF CARE	Ċ	.00	\$.00	.000 \$		\$.00
@PHYSICIANS SERVICES	0	0	Ċ	.00	\$.00	.000 \$		\$.00
OUTPATIENT VISITS	0	0	٧	.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0		0	.00		.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0		0	.00		.00	.000	.00		.00
@PHARMACY	0		0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0		0	.00		.00	.000	.00		.00
SNF/ICF	0		0	.00		.00	.000	.00		.00
OUTPATIENTS	0		0	.00		.00	.000	.00		.00
MEDICAL SUPPLIES	0		0	.00		.00	.000	.00		.00
@DENTIST	0		0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0		0	.00		.00	.000	.00		.00
ORAL SURGERY	0		0	.00		.00	.000	.00		.00
DRUGS	0		0	.00		.00	.000	.00		.00
ANESTHESIA	0		0	.00		.00	.000	.00		.00
PERIODONTICS	0		0	.00		.00	.000	.00		.00
ENDODONTICS	0		0	.00		.00	.000	.00		.00
RESTORATIVE DENTISTRY	0		0	.00		.00	.000	.00		.00
PROSTHETICS	0		0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0		0	.00		.00	.000	.00		.00
SPACE MAINTAINERS	0		0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0		0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0		0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0		0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0		0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEN	IDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU DE	C 2002	PAGE	8,198
MOP024	FEE-FOR-SERVICE	/DENTAL							01	L/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 74	FOR FUT	URE USE						
								ITHLY AVERA	_	
00 ELIGIBLES	USERS	UNITS OF SE	ERVICE	EXPENDITURES	AVEI	RAGE COST	UNITS/DAYS	COST PER	COST	r per

PER UNIT/DAY PER ELIG

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OR DAYS OF CARE

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@OPTOMETRIST

EYE APPLIANCES

DIAGNOSTIC AND ANC. PROCED

OTHER OPTOMETRIC SERVICES

ACHTDODD ACTION	0	0	ċ	0.0	ċ	0.0	.000	ė oo	\$.00
@CHIROPRACTOR	0		\$.00	\$.00		\$.00	
VISITS	•	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000		\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	¢	.00	\$.00	.000	\$.00	\$.00
	0	0	٠ ۲						
NURSE MIDWIFE	· ·	ŭ	ې د	.00	\$.00	.000	\$.00	
PEDIATRIC NURSE PRACTITIONER		0	Ş	.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
	0	0		.00			.000	.00	
ALL OTHER ACCOM	0					.00			.00
ANCILLARIES	•	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	· 0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	. 0	0	\$.00	\$.00	.000		\$.00
-	· ·	0	۲		۲				
CO HOSPITAL INPATIENT TOTAL		•		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
	0	0							
SURGERY	U			.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	. 0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES MO	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2002	2 THRU	DEC 2002	PAGE 8,199
MOP024	FEE-FOR-SERVIC	E/DENTAL							01/17/03
MONTEREY COUNTY	SUMMARY OF SER	VICES FOR 74 FOR	FUTUR:	E USE					
							Mo	ONTHLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST UNI			COST PER
00 20101000	00110	OR DAYS OF CARE		T111 T11D T T O1(II)		UNIT/DAY P			ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DATS OF CARE		.00	\$.00	.000		
GCOLLIONIII HOSEIIYD IOIYD	U	U	7	.00	۲	.00	.000	٠.00	٠.٠٠

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0	_	.00	_	.00	.000	_	.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	U		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	D= 0	.00	D3.00	.00
#CALIF DEPT OF HEALTH SERV			KES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	UUZ THRU	DEC	2002	PAGE	8,200
MOP024	FEE-FOR-SERVICE		DIIMII	DE LICE						UI	/17/03
MONTEREY COUNTY	SUMMARI OF SERV	ICES FOR 74 FOR	FUTUI	RE USE			M		HLY AVERA	CE	
OO ELICIDIES	HCEDC	INTER OF CERTICE	7	EADENDIMIDEC	7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7/ 7						
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST R UNIT/DAY			USER	COST ELIG	
@ALL OTHER PROVIDERS	0	OR DAIS OF CARE	\$.00	\$.00	.000		.00		.00
DURABLE MED. EQUIP.	0	0	4	.00	Y	.00	.000	Y	.00	Y	.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL MDANCDODMAMION	0	0		.00		.00	.000		.00		.00

0

MEDICAL TRANSPORTATION

0

.00

.00

.000

.00

.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

 $^{0^{\}star}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 8,201
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
MONTEREY COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N	

					MON	ITHLY AVERA	.GE
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	69	249 \$	32 , 535.79	\$ 130.67	124.500	471.53	\$ 16267.90
@PHYSICIANS SERVICES	10	30 \$	2,038.28	\$ 67.94	15.000	203.83	\$ 1019.14
OUTPATIENT VISITS	6	9	402.32	44.70	4.500	67.05	201.16
OFFICE VISITS	4	7	287.97	41.14	3.500	71.99	143.99
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	1	1	44.60	44.60	.500	44.60	22.30
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	69.75	69.75	.500	69.75	34.88
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	9	790.60	87.84	4.500	790.60	395.30
PRINCIPAL SURGEON	1	3	662.75	220.92	1.500	662.75	331.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	6	127.85	21.31	3.000	127.85	63.93
OUTPATIENT SURGERY	2	4	327.00	81.75	2.000	163.50	163.50
PRINCIPAL SURGEON	1	1	91.55	91.55	.500	91.55	45.78

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	3		235.45		78.48	1.500		235.45		117.73
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	2	2		23.94		11.97	1.000		11.97		11.97
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	2	6		494.42		82.40	3.000		247.21		247.21
@PHARMACY	15	28	\$	18,262.16	\$	652.22	14.000	\$	1217.48	\$	9131.08
PRESCRIPTION DRUGS	15	28		18,262.16		652.22	14.000		1217.48		9131.08
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	15	28		18,262.16		652.22	14.000		1217.48		9131.08
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	25	136	\$	5,483.00	\$	40.32	68.000	\$	219.32	\$	2741.50
VISITS - DIAGNOSTIC	19	83		1,011.00		12.18	41.500		53.21		505.50
ORAL SURGERY	2	1		90.00		90.00	.500		45.00		45.00
DRUGS	7	7		150.00		21.43	3.500		21.43		75.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	3	6		874.00		145.67	3.000		291.33		437.00
RESTORATIVE DENTISTRY	13	38		3,358.00		88.37	19.000		258.31		1679.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	1	1		.00		.00	.500		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES	MONTH-OF-PAYMENT RE	EPOR:	r for Jan	2002 THRU	DEC	2002	P	PAGE 8,202
$M \cap P \cap 2 A$	FFF-FOR-SERVICE/DENT	' A T .									01/17/03

01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL

MONTEREY COUNTY SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

						M	ONT	THLY AVERA	GE	
02 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	26	\$ 5,264.94	\$	202.50	13.000	\$	877.49	\$	2632.47
HOSP INPATIENT TOTAL	1	2	1,900.00		950.00	1.000		1900.00		950.00
HSC HOSPITALS	1	2	1,900.00		950.00	1.000		1900.00		950.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	24	3,364.94	140.21	12.000	672.99	1682.47
MEDICAL	2	2	162.59	81.30	1.000	81.30	81.30
SURGERY	0	0	7.86	.00	.000	.00	3.93
PATHOLOGY	1	5	57.56	11.51	2.500	57.56	28.78
RADIOLOGY	3	7	2,768.38	395.48	3.500	922.79	1384.19
ROOM USE	4	5	314.20	62.84	2.500	78.55	157.10
CROSSOVERS/ALL OTH OUTPTNT	2	5	54.35	10.87	2.500	27.18	27.18
@COUNTY HOSPITAL TOTAL	2	9 \$	2,632.32	\$ 292.48	4.500	\$ 1316.16	\$ 1316.16
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	9	2,632.32	292.48	4.500	1316.16	1316.16
MEDICAL	0	0	9.30	.00	.000	.00	4.65
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	2	6	2,531.28	421.88	3.000	1265.64	1265.64
ROOM USE	1	1	65.11	65.11	.500	65.11	32.56
CROSSOVERS/ALL OTH OUTPTNT	1	2	26.63	13.32	1.000	26.63	13.32
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 8,203

MONTEREY COUNTY

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONIEREI COUNTI	SUMMARI OF SERVIC	E2 FOK /J 221	AFFE.	AL/NLDC		AID CODES	014			~-	
02 ELIGIBLES	USERS U	NITS OF SERVICE	,	EXPENDITURES	7/17/17	DACE COCE	UNITS/DAY				COST PER
		OR DAYS OF CARE		EXPENDITORES			PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	4		\$	2,632.62		- ,			658.16		-
COMM HOSE INDAMENT TOTAL	1	2	Ą	1,900.00	۲	950.00	1.000		1900.00	۲	950.00
HSC HOSPITALS	1	2		1,900.00		950.00	1.000		1900.00		950.00
NON-HSC HOSPITALS TOTAL	0						.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		0.0	.000		.00		.00
ALL OTHER INPATIENT	1 1 0 0 0 0 0 0 0 0	0 0 0 0 0 0		.00		.00 .00 48.84 76.65	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3	15		732.62		48 84	7.500		244.21		366.31
MEDICAL	2	2		153.29		76.65	1.000		76.65		76.65
SURGERY	0	0		7.86		.00	.000		.00		3.93
PATHOLOGY	1	5		57.56		11.51	2.500		57.56		28.78
RADIOLOGY	1	1		237.10		237.10	.500		237.10		118.55
ROOM USE	3	4		249.09		62.27	2.000		83.03		124.55
CDOCCOVEDC / ALL OHL OURDHAM	1	3		27.72		9.24	1.500		27.72		13.86
@STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED LEV B-TRANSITIONAL IP CARE LEV B-REGULAR @INTERMEDIATE CARE FACILDD ICF DDH ICF DDD ICF DDN/DDCN @HEMODIALYSIS TOTAL HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC	1 0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	τ	.00	т	.00	.000	Τ.	.00	т	.00
DEVELOP. DISABLED	0	Ő		.00		.00	.000		.00		.00
QNURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
I.EV A-INTERMEDIATE	0	0	4	.00	7	.00	.000		.00	- 1	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	·	.00	•	.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	4	\$	29.89	\$	7.47	2.000	\$	29.89	\$	14.95
PATHOLOGY	1	4		29.89		7.47	2.000		29.89		14.95
XO AND OTHERS	0	0 16		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	13	16	\$	1,369.25	\$	85.58	8.000	\$	105.33	\$	684.63
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000				.00
RURAL HEALTH CLINIC	13	16		1,369.25		85.58	8.000		105.33		684.63
	MEDI-CAL SERVICES		RES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU	DEC	2002	P	
	FEE-FOR-SERVICE/D										01/17/03
MONTEREY COUNTY	SUMMARY OF SERVIC	ES FOR 75 SSI	APPE	AL/NLDC		AID CODES					
00 BLICIDIES		NIMO OF CEDUTOR		EVDENDIBLIDEC			M				

02 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

	OR DAYS OF CARE	2		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 5	9	\$	88.27	\$	9.81	4.500	\$ 17.6	5 \$ 44.14
DURABLE MED. EQUIP. 0	0		.00		.00	.000	.0	.00
BLOOD BANK 0	0		.00		.00	.000	.0	.00
HEARING AID DISPENSERS 0	0		.00		.00	.000	.0	.00
MEDICAL TRANSPORTATION 0	0		.00		.00	.000	.0	.00
AMBULANCES/AIR TRANS 0	0		.00		.00	.000	.0	.00
OTHER TRANS 0	0		.00		.00	.000	.0	.00
OTHER SERVICES 0	0		.00		.00	.000	.0	.00
ACUPUNCTURE 0	0		.00		.00	.000	.0	.00
ADULT DAY HEALTH CARE CTR 0	0		.00		.00	.000	.0	.00
GENETIC DISEASE TESTING 0	0		.00		.00	.000	.0	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0		.00		.00	.000	.0	.00
OCCUPATIONAL THERAPIST 0	0		.00		.00	.000	.0	.00
OPTICIAN 2	3		39.12		13.04	1.500	19.5	19.56
PHYSICAL THERAPIST 0	0		.00		.00	.000	.0	.00
PORTABLE X-RAY 0	0		.00		.00	.000	.0	.00
PROSTHETIST/ORTHOTISTS 0	0		.00		.00	.000	.0	.00
PROSTHETICS 0	0		.00		.00	.000	.0	.00
ORTHOTICS 0	0		.00		.00	.000	.0	.00
PSYCHOLOGIST 0	0		.00		.00	.000	.0	.00
SPEECH AND AUDIOLOGY 0	0		.00		.00	.000	.0	.00
HOSPICE SERVICES 0	0		.00		.00	.000	.0	.00
NONINST BIRTHING CENTERS 0	0		.00		.00	.000	.0	.00
LOCAL EDUCATION AGENCIES 3	6		49.15		8.19	3.000	16.3	3 24.58
EPSDT SUPPLEMENTAL SERVICE 0	0		.00		.00	.000	.0	.00
RESPIRATORY CARE PRACT. 0	0		.00		.00	.000	.0	.00
PED SUBACUTE REHAB/WEANING 0	0		.00		.00	.000	.0	.00
ALL OTHER PROVIDERS 0	0		.00		.00	.000	.0	.00
@CALIF. CHILDREN SERVICES* 25	60	\$	24,749.33	\$	412.49	30.000	\$ 989.9	7 \$ 12374.67
@XOVER EXCLUDING STATE HOSP** 0	0	\$.00	\$.00	.000	\$.0) \$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,205
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
MONTEREY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

						MO	NTHLY AVERA	GE	
152,224 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	167 , 937	793 , 277	\$	59,743,413.51	\$ 75.31	5.211	\$ 355.75	\$	392.47
@PHYSICIANS SERVICES	22,208	69,886	\$	5,053,003.69	\$ 72.30	.459	\$ 227.53	\$	33.19
OUTPATIENT VISITS	9,944	21,704		897,098.28	41.33	.143	90.22		5.89
OFFICE VISITS	1,663	2,014		87 , 734.96	43.56	.013	52.76		.58
HOME VISITS	17	17		747.88	43.99	.000	43.99		.00
EMERGENCY ROOM	2,929	3,208		182,857.96	57.00	.021	62.43		1.20
PREVENTIVE CARE	20	2.0		862.75	43.14	.000	43.14		.01
OB VISITS/COMPRE PERI	4,802	15,206		576 , 902.66	37.94	.100	120.14		3.79
OTHER OUTPATIENT	1,007	1,239		47,992.07	38.73	.008	47.66		.32
INPATIENT VISITS	4,189	13,416		1,078,881.96	80.42	.088	257.55		7.09
HOSPITAL VISITS	3,744	9,472		460,397.99	48.61	.062	122.97		3.02
CRITICAL CARE	684	3 , 935		618,205.67	157.10	.026	903.81		4.06
SNF/ICF/TRANS IP CARE	9	9		278.30	30.92	.000	30.92		.00
OPHTHALMOLOGICAL SERVICES	79	111		6 , 137.10	55.29	.001	77.68		.04
EXAMINATIONS	79	111		6,137.10	55.29	.001	77.68		.04
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	3,435	9,756	1,801,940.98	184.70	.064	524.58	11.84
PRINCIPAL SURGEON	2,794	3,054	1,589,530.45	520.47	.020	568.91	10.44
ASSISTANT SURGEON	219	220	37,592.62	170.88	.001	171.66	.25
ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY	219 770	220 6,482	37,592.62 174,817.91	26.97	.043	227.04	.25 1.15
OUTPATIENT SURGERY	1,532	3,481	275,291.57	79.08	.023	179.69	1.81
PRINCIPAL SURGEON	1.344	1,760	221,854.24	126.05	.012	165.07	1.46
ASSISTANT SURGEON	. 2				.000	178.80	
ANESTHESIOLOGIST	541	1,719	53,079.73	30.88	.011	98 11	35
ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY	65	208	357.60 53,079.73 19,915.99	178.80 30.88 95.75	.001	306.40	.13
PATHOLOGY	2,587	4.704	71.517.65	15 20	.031	27.65	.47
RADIOLOGY PSYCHIATRY	6,820	9,153	337,437.36	36.87	.060	49.48	2.22
PSYCHIATRY	1	3	130.26	43.42	.000	130.26	.00
IMMUNIZATION AND INJECTION	506	9,153 3 1,439	130.26 18,089.97	12.57	.009	49.48 130.26 35.75	.12
OTHER SERVICES/ALL X-OVERS	2 945	5 911	546 562 57	92.47	.039	185.59	3.59
@PHARMACY	26,785	101,052 \$	8,139,844.10	\$ 80.55	.664		
@PHARMACY PRESCRIPTION DRUGS SNF/ICF OUTPATIENTS	26,092	54,451	6,520,829.01 597,033.52 5,923,795.49	119.76 141.78	.358	249.92	42.84
SNF/ICF	1,881	4,211	597,033.52	141.78	.028	317 40	3 92
OUTPATIENTS	24,264	50,240	5,923,795.49	117.91	.028 .330	244.14	38.91
MEDICAL SUPPLIES	1,698	46,601	1,619,015.09	34.74	.306		10.64
OUTPATIENTS MEDICAL SUPPLIES @DENTIST VISITS - DIAGNOSTIC ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS ENDODONTICS	37,198	201,958 \$	6,616,684.84	\$ 32.76	1.327	\$ 177.88	
VISITS - DIAGNOSTIC	26,694	126,613	1,588,339.02 616,850.21	12.54	.832	59.50 123.49	10.43
ORAL SURGERY	4,995	10,903	616,850.21	56.58	.072	123.49	4.05
DRUGS	4,697	5,278	119,543.33	22.65	.035	25.45	.79
ANESTHESIA	462	488	42,299.85	86.68	.003	91.56	.28
PERIODONTICS ENDODONTICS RESTORATIVE DENTISTRY	1,353	1,420	229,600.30	161.69	.009	169.70	1.51
ENDODONTICS	3 , 291	6,434	698,275.24	108.53	.042	212.18	4.59
RESTORATIVE DENTISTRY	13,00/	43,200	2,103,211.91	39.84	.297	195.09	17.77
					.001	25.93	.02
DENTURES, STAYPLATES	1,157	3,474	466,715.26	134.35	.023	403.38	3.07
PROSTHETICS DENTURES, STAYPLATES SPACE MAINTAINERS MAXILLOFACIAL SERVICES FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES	283	337	35,904.11	106.54 49.46	.002	126.87 55.78	.24
MAXILLOFACIAL SERVICES	94	106	5,243.23	49.46	.001	55.78	.03
FRACTURES, DISLOCATIONS	5	7	4,743.75	677.68	.000	948.75	
ORTHODONTIC SERVICES	936	1,151	99,697.57	86.62	.008	106.51	.65
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	362	406	980.00	2.41	.003	2.71	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 8,206
MOP024	FEE-FOR-SERVICE	C/DENTAL					01/17/03
MONTEREY COUNTY	SUMMARY OF SERV	ICES FOR 80 TOTAL	CERTIFIED				
							GE
152,224 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	
@OPTOMETRIST	21	55 \$					
DIAGNOSTIC AND ANC. PROCED	11	11	459.64	41.79	.000	41.79	.00

152,224 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	RAGE COST UNIT/DAY	UNITS/DAY PER ELIG	-	COST PER USER	COST PER ELIGIBLE
@OPTOMETRIST	21	55	\$ 1,242.08	\$ 22.58	.000	\$	59.15	\$.01
DIAGNOSTIC AND ANC. PROCED	11	11	459.64	41.79	.000		41.79	.00
EYE APPLIANCES	16	42	685.27	16.32	.000		42.83	.00
OTHER OPTOMETRIC SERVICES	2	2	97.17	48.59	.000		48.59	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000		.00	.00
OTHER SERVICES	0	0	.00	.00	.000		.00	.00
@PODIATRIST	39	131	\$ 3,112.29	\$ 23.76	.001	\$	79.80	\$.02
MEDICINE/INJECTIONS	12	24	1,041.63	43.40	.000		86.80	.01
SURGERY/ANES.	1	1	47.54	47.54	.000		47.54	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000		.00	.00
OTHER	26	106	2,023.12	19.09	.001		77.81	.01
@HOME HEALTH AGENCY	1,344	7,472	\$ 304,884.30	\$ 40.80	.049	\$	226.85	\$ 2.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	2	22	\$ 523.11	\$ 23.78	.000	\$	261.56	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00

EAMILY NUDGE DDAGETELONED	1	1	ċ	2 (0	Ċ	2.60	0.00	¢ 2.60	Ċ	0.0
FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL	1 22,153	1 87 , 950	\$ \$	2.60 25,299,377.89	\$ \$	287.66	.000 .578		\$.00 166.20
HOSP INPATIENT TOTAL	4,144	17,589	Ş	23,192,504.28	Ą	1318.58	.116	5596.65	Ą	152.36
HSC HOSPITALS	3,173	12,971		16,632,760.86		1282.30	.085	5241.97		109.27
NON-HSC HOSPITAL TOTAL	804	3,303		6,402,041.59		1938.25	.022	7962.74		42.06
ACCOMMODATIONS	796	3,303		2,370,691.64		717.74	.022	2978.26		15.57
ACCOMMODATIONS ADMINISTRATIVE DAYS	4	3,303 19		2,370,691.64		109.17	.000	518.54		.01
TRANSITIONAL IP CARE	0	0		2,074.10		.00	.000	.00		.00
ALL OTHER ACCOM	792	3,284		2,368,617.48		721.26	.022	2990.68		15.56
ANCILLARIES	804	3,204 0		4,031,349.95		.00	.000	5014.12		26.48
INPATIENT CROSSOVERS	179	1,315		157,701.83		119.93	.000	881.02		1.04
ALL OTHER INPATIENT	2	1,313		.00		.00	.009	.00		.00
HOSP OUTPATIENT TOTAL	19,407	70,361		2,106,873.61		29.94	.462	108.56		13.84
MEDICAL	19,407	2,254		233,943.76		103.79	.462	167.82		1.54
SURGERY	763	932		46,325.59		49.71	.006	60.72		.30
PATHOLOGY	11,206	37 , 193		469,619.47		12.63	.244	41.91		3.09
RADIOLOGY	4,213	5,054		431,172.21		85.31	.033	102.34		2.83
ROOM USE	8,723	13,289		478,493.82		36.01	.033	54.85		3.14
CROSSOVERS/ALL OTH OUTPTNT	5,723 5,591	11,639		447,318.76		38.43	.076	80.01		2.94
@COUNTY HOSPITAL TOTAL	13,076	46,403	\$	10,214,439.04	\$.305		ċ	67.10
CO HOSPITAL INPATIENT TOTAL	2,499	8,193	Ş	9,267,786.71	Ą	1131.18	.054	3708.60	Ą	60.88
HSC HOSPITALS	2,455	7,680		9,219,511.28		1200.46	.050	3755.40		60.57
NON-HSC HOSPITALS TOTAL	2,433	17		6,899.53		405.85	.000	2299.84		.05
ACCOMMODATIONS	3	17		3,545.49		208.56	.000	1181.83		.03
ACCOMMODATIONS ADMINISTRATIVE DAYS	3	17		3,545.49		208.56	.000	1181.83		.02
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	3	0		3,354.04		.00	.000	1118.01		.02
INPATIENT CROSSOVERS	43	496		41,375.90		83.42	.003	962.23		.27
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	11,376	38,210		946,652.33		24.77	.251	83.21		6.22
MEDICAL	369	473		21,427.67		45.30	.003	58.07		.14
SURGERY	344	423		15,594.80		36.87	.003	45.33		.10
PATHOLOGY	6 , 109	19,747		241,169.09		12.21	.130	39.48		1.58
RADIOLOGY	2,245	2,537		166,924.95		65.80	.017	74.35		1.10
ROOM USE	6,135	9 , 607		331,039.82		34.46	.063	53.96		2.17
CROSSOVERS/ALL OTH OUTPTNT	3,432	5 , 423		170,496.00		31.44	.036	49.68		1.12
			IDEC 1	MONTH-OF-PAYMENT R	FPOF				D:	AGE 8,207
MOP024	FEE-FOR-SERVICE		71(11)	MONIII OF TATMENT IX	.11 01	XI FOR OAN	2002 11110	DEC 2002	1.2	01/17/03
MONTEREY COUNTY		JICES FOR 80 TO:	гат. Сі	ERTTETED						01/1//05
MONIEREI COONII	DOMINANT OF BEIN	VICES FOR OU TO.	IAH CI	EKTIFIED			M	ONTHLY AVERA	GE.	
152,224 ELIGIBLES	USERS	UNITS OF SERVIO	`E	EXPENDITURES	7.4	ERAGE COST			-	COST PER
102,221 111011110	00110	OR DAYS OF CAR				ER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,507	41,547	\$	15,084,938.85	\$	- ,	_	\$ 1586.72		99.10
COMM HOSP INPATIENT TOTAL	1,668	9,396		13,924,717.57	'	1481.98	.062	8348.15		91.48

152,224 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	9,507	41,547 \$	15,084,938.85	\$ 363.08	.273 \$	1586.72 \$	99.10
COMM HOSP INPATIENT TOTAL	1,668	9,396	13,924,717.57	1481.98	.062	8348.15	91.48
HSC HOSPITALS	738	5 , 291	7,413,249.58	1401.11	.035	10045.05	48.70
NON-HSC HOSPITALS TOTAL	801	3,286	6,395,142.06	1946.18	.022	7983.95	42.01
ACCOMMODATIONS	793	3,286	2,367,146.15	720.37	.022	2985.05	15.55
ADMINISTRATIVE DAYS	1	2	1,471.33CR	735.67CR	.000	1471.33CR	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	792	3,284	2,368,617.48	721.26	.022	2990.68	15.56
ANCILLARIES	801	0	4,027,995.91	.00	.000	5028.71	26.46
INPATIENT CROSSOVERS	136	819	116,325.93	142.03	.005	855.34	.76
ALL OTHER INPATIENT	2	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	8 , 325	32,151	1,160,221.28	36.09	.211	139.37	7.62
MEDICAL	1,029	1,781	212,516.09	119.32	.012	206.53	1.40

SURGERY	419	509	30,730.79	60.37	.003	73.34	.20
PATHOLOGY	5,181	17,446	228,450.38	13.09	.115	44.09	1.50
RADIOLOGY	1,977	2,517	264,247.26	104.99	.017	133.66	1.74
ROOM USE	2,646	3,682	147,454.00	40.05	.024	55.73	.97
CROSSOVERS/ALL OTH OUTPINT	2,196	6,216	276,822.76	44.53	.041	126.06	1.82
@STATE HOSPITAL	11	354	\$ 200,755.68	\$ 567.11	.002	\$ 18250.52	\$ 1.32
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	11	354	200,755.68	567.11	.002	18250.52	1.32
@NURSING FACILITY	35	897	\$ 150,521.64	\$ 167.81	.006	\$ 4300.62	\$.99
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	35	897	150,521.64	167.81	.006	4300.62	.99
@INTERMEDIATE CARE FACILDD	1	31	\$ 4,595.17	\$ 148.23	.000	\$ 4595.17	\$.03
ICF DDH	1	31	4,595.17	148.23	.000	4595.17	.03
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	104	5,394	\$ 345,870.14	\$ 64.12	.035	\$ 3325.67	\$ 2.27
HOSPITAL BASED	5	203	78,231.34	385.38	.001	15646.27	.51
HEMODIALYSIS CENTER	99	5 , 191	267,638.80	51.56	.034	2703.42	1.76
@REHABILITATION FACILITY	123	1,111	\$ 28,751.74	\$.007	\$ 233.75	\$.19
HOSPITAL BASED	81	176	17,140.84	97.39	.001	211.62	.11
INDEPENDENT FACILITY	43	935	11,610.90	12.42	.006	270.02	.08
@LABORATORY FACILITY	7,187	15 , 959	\$ 370,449.46	\$.105	\$ 51.54	\$ 2.43
PATHOLOGY	7,185	15 , 960	370,365.28	23.21	.105	51.55	2.43
XO AND OTHERS	2	1CR	84.18	84.18CR	.000	42.09	.00
@ORGANIZED OUTPATIENT CLINIC	68 , 955	122,419	\$ 10,337,519.98	\$ 84.44	.804	\$ 149.92	\$ 67.91
CLINIC	1,139	4,799	145,245.52	30.27	.032	127.52	.95
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	10	167	1,928.44	11.55	.001	192.84	.01

RURAL HEALTH CLINIC 67,831 117,453 10,190,346.02 86.76 .772 150.23 66.94 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 8,208 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MONTEREY COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

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152 224 ELICIPIEC	HOEDO	INTER OF CERTIC	,	EVDENDIBLIDEC	ATTEDACE COCH		NTHLY AVERA	-
152,224 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
CALL OBUED DROUTDEDS	10 000	OR DAYS OF CAR		2 006 274 00	PER UNIT/DAY		USER	ELIGIBLE
@ALL OTHER PROVIDERS	18,823	178,585	\$	2,886,274.80	\$ 16.16	1.173		•
DURABLE MED. EQUIP.	502	2,204		435,443.25	197.57	.014	867.42	2.86
BLOOD BANK	105	140		420.00	3.00	.001	420.00	.00
HEARING AID DISPENSERS	125	504		51,959.49	103.09	.003	415.68	.34
MEDICAL TRANSPORTATION	360	10,933		205,726.32	18.82	.072	571.46	
AMBULANCES/AIR TRANS	342	10,754		128,664.10	11.96	.071	376.21	.85
OTHER TRANS	2	20		91.40	4.57	.000	45.70	.00
OTHER SERVICES	60	159		76 , 970.82	484.09	.001	1282.85	.51
ACUPUNCTURE	3	13		221.67	17.05	.000	73.89	.00
ADULT DAY HEALTH CARE CTR	208	3 , 357		220,499.68	65.68	.022	1060.09	1.45
GENETIC DISEASE TESTING	3,348	3,370		290,625.25	86.24	.022	86.81	1.91
IHMC, MODEL-NF, NF, AIDS, MSSP	1,540	15,193		860,059.95	56.61	.100	558.48	5.65
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	5,838	12,488		133,991.45	10.73	.082	22.95	.88
PHYSICAL THERAPIST	740	1,896		115,673.71	61.01	.012	156.32	.76
PORTABLE X-RAY	3	5		116.24	23.25	.000	38.75	.00
PROSTHETIST/ORTHOTISTS	305	1,207		131,595.03	109.03	.008	431.46	.86
PROSTHETICS	170	1,022		113,420.50	110.98	.007	667.18	.75
ORTHOTICS	173	185		18,174.53	98.24	.001	105.06	.12
PSYCHOLOGIST	29	91		5,697.81	62.61	.001	196.48	.04
SPEECH AND AUDIOLOGY	34	98		13,573.59	138.51	.001	399.22	.09
HOSPICE SERVICES	1	30		3,142.80	104.76	.000	3142.80	.02
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	5,909	28,338		243,757.01	8.60	.186	41.25	1.60
EPSDT SUPPLEMENTAL SERVICE	28	4,372		145,923.80	33.38	.029	5211.56	.96
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	193	94,346		27,847.75	.30	.620	144.29	.18
@CALIF. CHILDREN SERVICES*	6,399	158,143	\$	14,003,132.30		1.039		
@XOVER EXCLUDING STATE HOSP**	•	5,017	\$		\$ 56.78	.033		•
CTO ALLY DIVOLOPINO DIVILLE HOOF	012	J, 017	~	201,070.00	7 30.70	.000	7 100.40	T 1.07

 $[\]ensuremath{\mathbb{G}}^{\star}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.